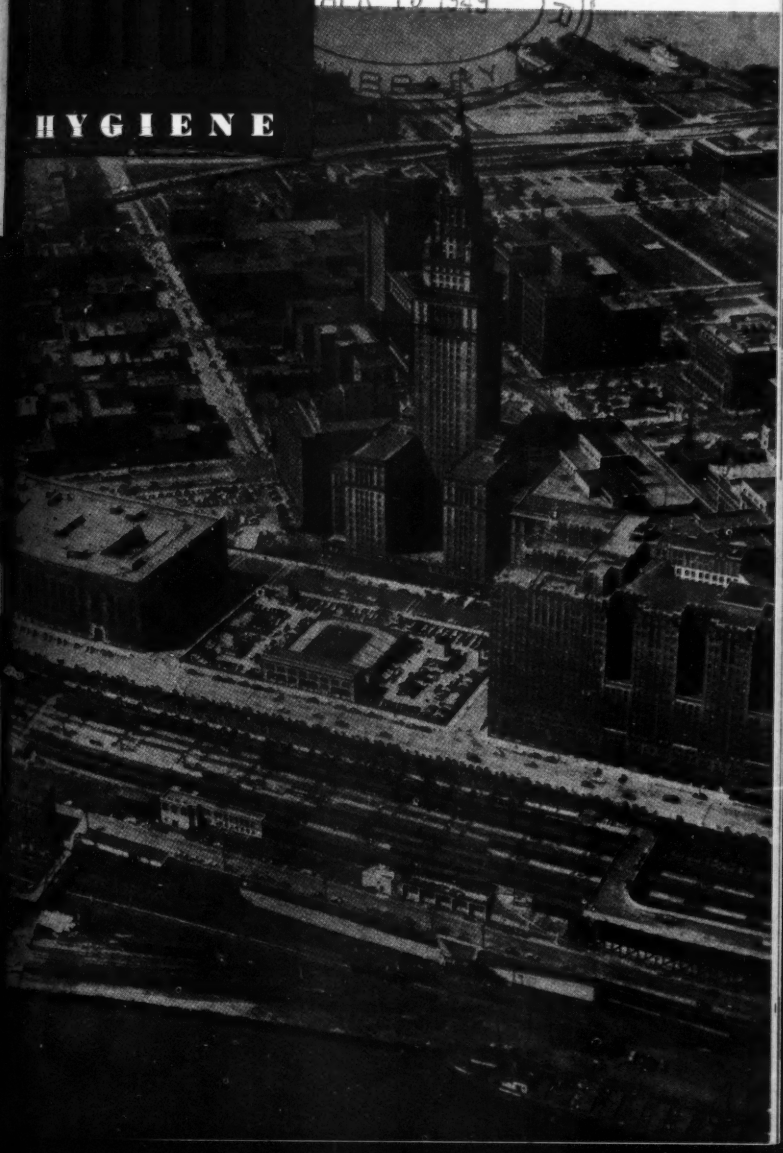
APRIL 1949

In This Issue: **A DENTIST ANSWERS THE MAGAZINE CRITICS**

Cleveland Dental Society Spring Clinic, May 2-4

HYGIENE



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You can have one to 100 sterilized sheaths to use as each patient is seated. Just snap the sheath into place *without adjustment*. Think of the favorable impression created by this move—possible *only* with *SANI-TERRY HANDPIECES*.

SANI-TERRY HANDPIECES reduce the discomfort of the patient and lessen the fatigue of the dentist. They are true-running, smooth in operation and free of unnecessary vibration. Work proceeds more rapidly because of the freedom from strain.

Due to the fact that weight is balanced at the point where the handpiece is naturally grasped, *SANI-TERRY HANDPIECES* cause no backward drag on the operator's wrist.

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The *CLEVE-DENT CONTRA-ANGLE U* may be used with the *SANI-TERRY HANDPIECE* if preferred. It fits accurately over the handpiece and is free from unnecessary vibration.

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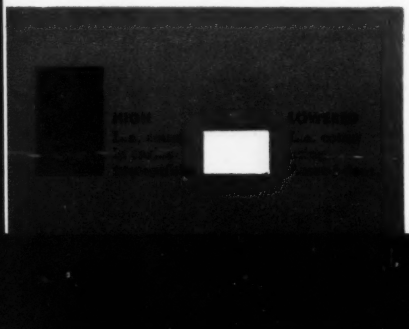
AMM-I-DENT REDUCES

high urea content gives MAXIMUM RESULTS!

Extensive clinical trials by authoritative investigators under carefully controlled conditions have definitely established the remarkable ability of ammoniated dentifrices (containing synthetic urea and dibasic ammonium phosphate) to inhibit the development of caries in the teeth of susceptible individuals *of all ages.*

Continuing investigation has further established the importance of a higher urea content, which markedly prolongs the elevation of the pH of the saliva and dental plaques above the decalcifying level (approximately 5.5), while at the same time it effects a significant decrease in the oral Lactobacillus acidophilus (L.a.) count — the micro-organism believed to be associated with the production of caries. This higher urea content also apparently acts to dissolve mucin plaques more quickly, and delays the production of dental film and stain.

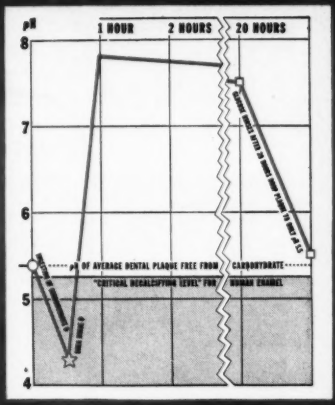


Stephan reports "Dilute solutions of urea ... do not appear to exert an appreciable inhibitory effect on acid production ... a 1%

ENTAL CARIES

solution would have to be too frequently applied to be useful... may exert a significant effect only if applied constantly".

Painstaking research, based on Henschel's findings, has resulted in the Amm-i-dent formula which is unique in its content of 22.5% carbamide (synthetic urea) — plus 5% dibasic ammonium phosphate, with gentle abrasives and aromatic oils. This formula enables Amm-i-dent users to reproduce in their mouths the oral condition found in naturally caries-immune individuals.



pH of dental plaques raised above decalcifying level with urea rinse.

The action of the urea is further enhanced and will persist for several hours if the patient follows brushing with a rinse of Amm-i-dent and water.

Thus Amm-i-dent, through its high-urea content, provides the maximum benefit possible for caries control by an ammoniated dentifrice.

REFERENCES:

Grossman, L. I.: New York State Dent. J., 13:509, 1947. Henschel, C. J.: New York J. of Dentistry, 16:102, 1946. Henschel and Lieber: J. Dent. Res., Dec. 1948. Stephan, R. M.: J. Dent. Res., 22:63, 1943.

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The Publisher's CORNER

By Mass

Number 333

The Unsung Heroes

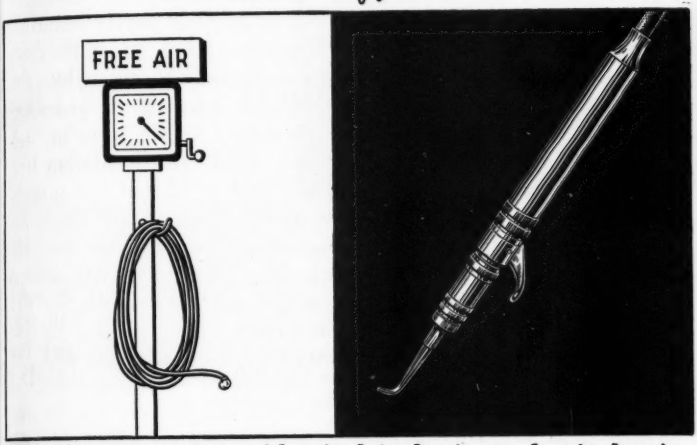
QUITE A LONG TIME AGO, one evening my son and I were talking about this-and-that, and somehow or other we finally got around to people who, at a real sacrifice to themselves, do things for others. "And," said John, "often they help poor souls who are at what you might call destiny's crossroads. So sometimes it makes all the difference in the world."

Both of us could remember that, too often, practically nobody else knows what has happened. The good man or good woman gets no recognition for what has been done. "They're the unsung heroes," said John. Likely most of them would rather have it that way.

One of these people I happen to know about has the reputation of being more thrifty than he should be. Now and then, he is even cited as a prize example of a sure-enough miser. Time and again, I have heard him criticized. But, one day, I learned the real truth, heard it from someone who happened to know the real truth. This chap for many long years has been going down into the slums, hunting up unfortunates who are in despair, and quietly—and secretly—doing something about it. He makes a regular routine of it, month in and month out—but never tells

DESIGN

makes a difference



These instruments are identical in basic mechanical principle. The difference is a matter of refinement—one of them has been specifically designed for a professional purpose.

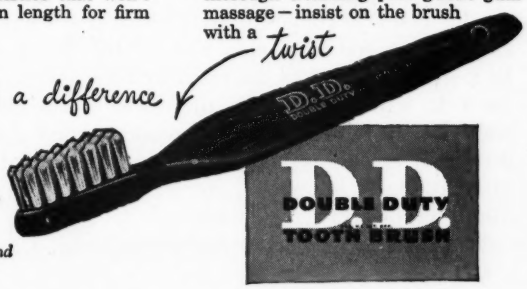
The D. D. Tooth Brush has been designed with the aid of a thousand practising dentists—

- A compact straight trim brush head, assuring easy access to tooth surfaces;
- Well-spaced bristle tufts for thorough brushing of interdental spaces;
- Springy long-life bristles that won't get soggy, ½ inch in length for firm brushing;
- A broad inflexible handle for maximum leverage, with a non-skid thumb rest;

and

- A new *twist* in the handle, which automatically encourages the desired up and down rotary motion for gentle gum massage. For Double Duty—thorough cleansing plus gentle gum massage—insist on the brush with a *twist*

DESIGN *makes a difference*



The D. D. Toothbrush is available with the popular two row bristle head as well as the larger three row type. Recommend the style best suited to your patient.

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of it. My friend who did tell me learned of it by pure chance. So there's your miser for you.

The evening we were talking about the unsung heroes, I told John of an old grade school teacher of mine, a really beautiful woman who had had ever so many chances to marry in the days when she was young, in my own early school days. But she didn't until she was well into middle age. In all the years between, I happened to know that she stayed single so as to look after her stepfather—her mother was dead. The stepfather was old and in poor health, and perhaps because of that was mighty hard to get along with. She knew no husband of hers could be expected to put up with the old man, and support him too. He had no real claim upon her devotion, but, no matter. He needed someone; there was no one else; so she elected herself. She did not marry until finally the old man died, and freed her to live her own life. But then it was pretty late. The precious years of her youth were gone.

And John and I remembered another woman who, although on a lesser scale, was thoughtful, and kind, and self-sacrificing. Not blessed with much spare money, she undertook to pay for complete orthodontic treatment for a neighbor's child. The neighbor might have managed to pay for it himself, but he was old-fashioned, didn't hold with these new-fangled ideas. Our friend finally concluded to tell some white lies. "I know an orthodontist who wants to do some experimenting," she prevaricated. "I can arrange for him to take care of your little girl, and it won't cost you anything."

"Well, all right," said father with no great enthusiasm. He would, as a real rugged individualist, never have said yes if he'd known that someone else was really doing the paying. The little girl's friend had the monthly bills sent to her and she paid them herself. Fortunately, the doctor made them easy as possible, but in the end it added up to a good deal of money. To this day, his patient—now grown to womanhood—knows nothing of what really happened. Neither does her father. John and I found out entirely by accident.

The little girl's friend did the right thing, at a real sacrifice

to herself—and did it at the right time, at what was the crossroads of destiny for the child.

It is human to like recognition for kind acts. It must take real character to deny oneself public credit for conferring a boon upon someone. But these people, and the others John and I were talking about, deliberately kept their good deeds a secret so far as they could. We ourselves learned of them by chance; perhaps few if any others ever knew the truth.

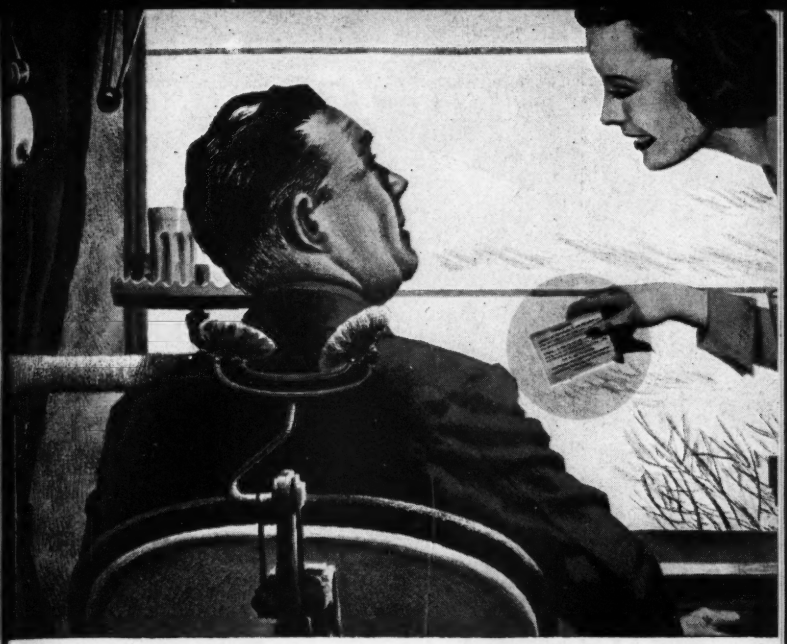
Sometimes, a self-sacrificing act is performed at what is the crossroads of destiny for the benefactor himself. That happened to a parson I knew about. He was being considered for a new pastorate, one he would have dearly loved to take. The vestrymen, or whoever it is chooses pastors, arranged for him to preach one Sunday so that they might appraise his "style" in the pulpit.

Saturday night, he was called to the bedside of a child who was gravely ill. All night long he stayed there, comforting the parents, praying with them, until the crisis passed and they could rejoice with him that their little one would live.

Then, after the long emotional ordeal, after having not slept all night, Sunday morning he kept the appointment at his own crossroads of destiny, the pulpit of the church he longed to lead. He forebore from telling anyone what had happened lest he seem to be seeking praise for what he had done. His sermon lacked life and the fire of enthusiasm, and no wonder. The vestrymen and the congregation shook their heads. No, they told each other, he's not the man for us.

Instinctively, as he preached he must have known it would turn out that way, must have known that his longed-for opportunity had gone glimmering.

Like the others, he was one of life's unsung heroes.



It's all over—including the shouting

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For instant workability
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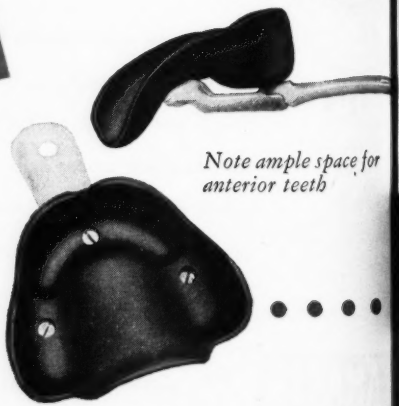
while warm.



Note ample space for anterior teeth

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. . . should be your choice when selecting your modern instrument sterilizer. Only in the Pelton will you find such outstanding advances in design, as illustrated here.

These and other important Pelton features have been developed through 50 years of progressive engineering and precision manufacture. They combine to give you a dependable sterilizer of finest quality and performance at an attractive price.

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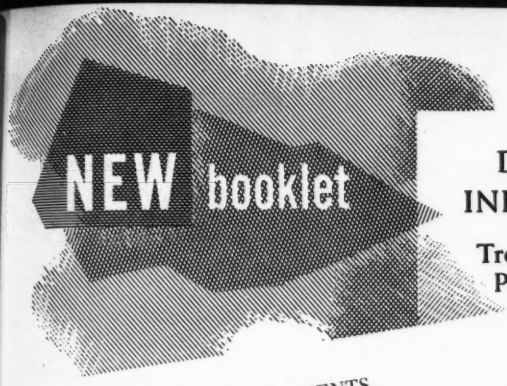

DENTAL INFECTIONS

Treatment and Prophylaxis

TABLE OF CONTENTS

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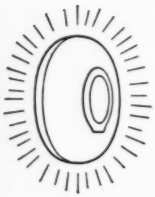

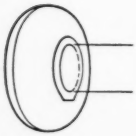

Introducing a new era in better vision, bringing you the ideal combination:

A beam of concentrated light for maximum illumination of the entire oral cavity. PLUS—Diffused illumination over your entire working area including unit, cuspidor, bracket table and cabinet.

This *balanced* illumination eliminates sharp contrast which subjects your eyes to unnatural strain. The fluorescent light diffuser enables you to operate under good daylight conditions at all times—ideal for matching teeth. The color-corrected operating light forms an even rectangle to completely illuminate the oral cavity—even during side-to-side head movements. Years ahead in scientific optical design, the Ritter FUL-VUE is your answer to more efficient operation under ideal lighting conditions.

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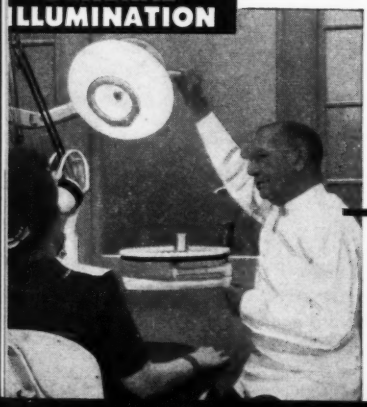
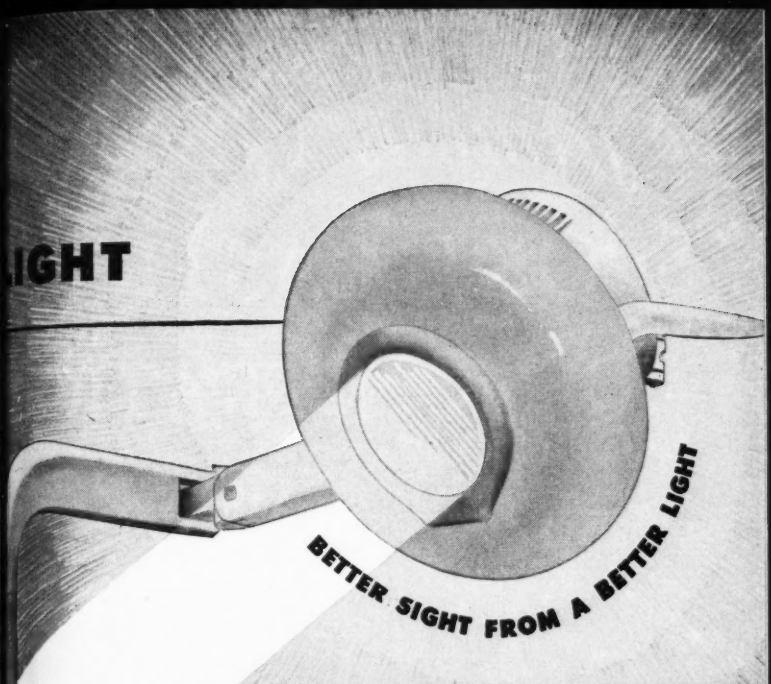


ORAL CAVITY ILLUMINATION



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● Now you can operate with far less eye fatigue, yet see more clearly the intra oral surfaces upon which you work. And the new Ritter FUL-VUE sells better dentistry. A clip holds a *series* of x-rays where both you and your patient can see them clearly. The beam light is turned off when not needed for operative work. Use fluorescent light for: 1. Charting mouth. 2. Making impressions and 3. Electric vitality tests, etc. Your patients will be impressed too, with the professional appearance, the graceful, modern lines of the Ritter FUL-VUE Light. Ask your Ritter dealer for a demonstration. Or write for literature.

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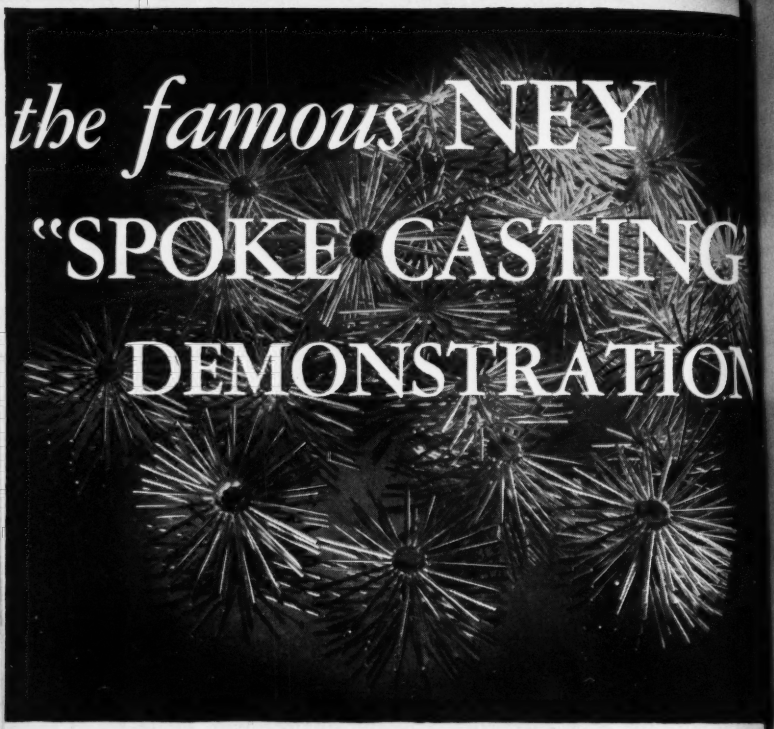

Each "wheel"* was cast by regular laboratory equipment with 3 ounces of NEY-ORO G-3, — a dramatic illustration of the exceptional casting qualities of this popular gold. Its toughness, resilience and strength are evident in the amount of bending and twisting an individual spoke will take before it breaks.

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* Each "wheel" has sixty-three 14 ga. spokes which, laid end to end, would make a continuous rod of casting gold 6 feet long!!!

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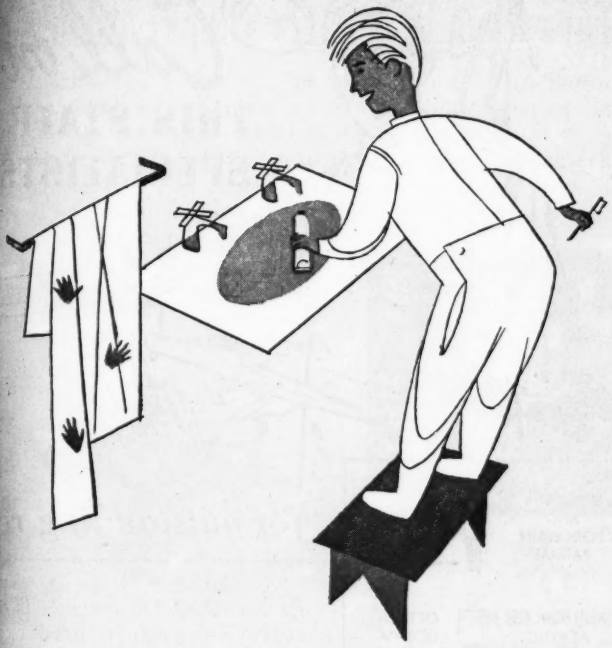

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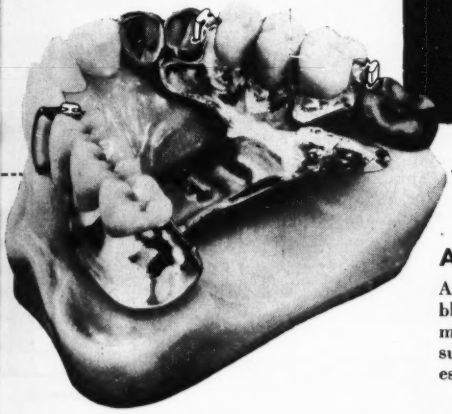

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The pleasant-tasting, mildly alkaline solution with rapid germ-killing action and penetrating foaming detergency.

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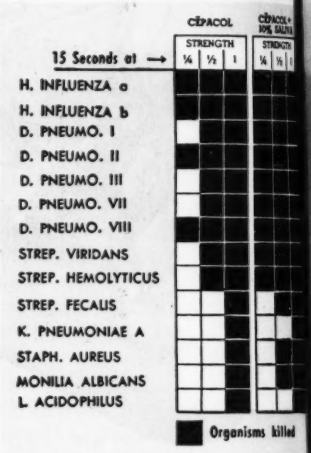
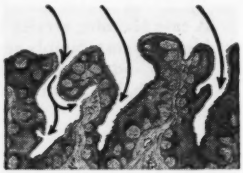


Recent laboratory studies demonstrate that Cēpacol is not only quickly effective in destroying (within 15 seconds) a wide range of bacteria common to the oral cavity . . . it actually appears to be *even more effective in the presence of saliva,* as when used as a rinse or spray.



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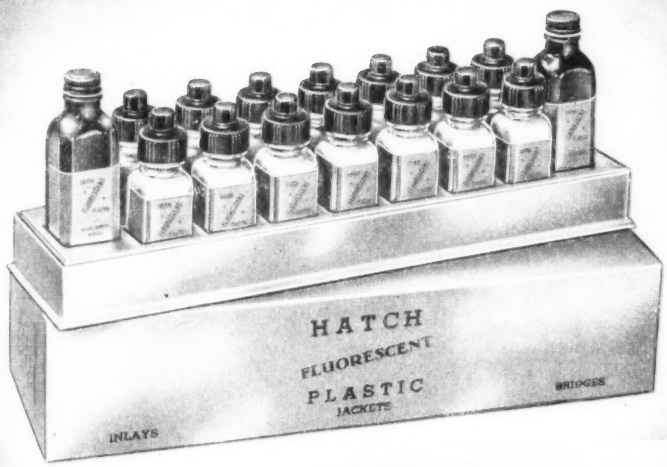

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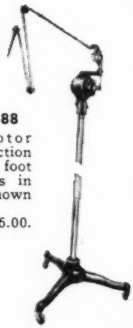

MODEL 88

Same motor unit, 3-section arm and foot rheostat as in Model 7 shown above. Price $76.00. Handpiece extra.

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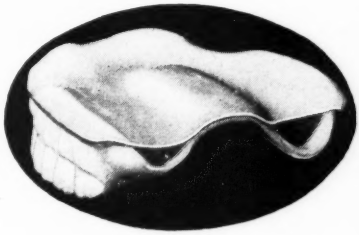

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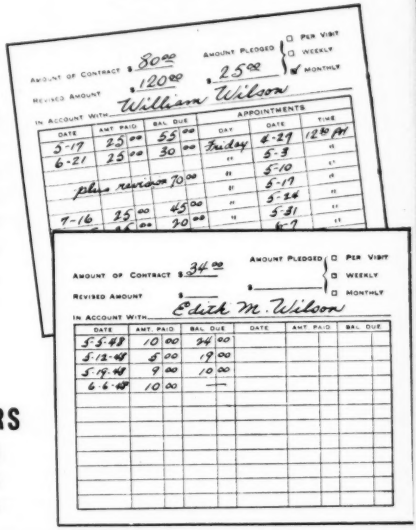

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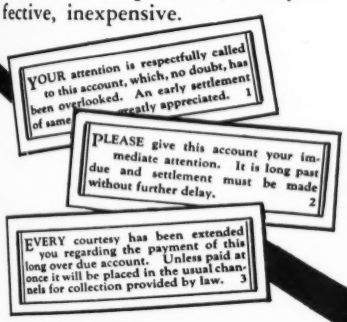

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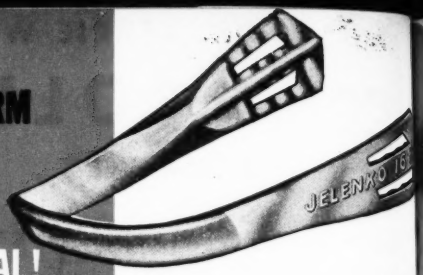

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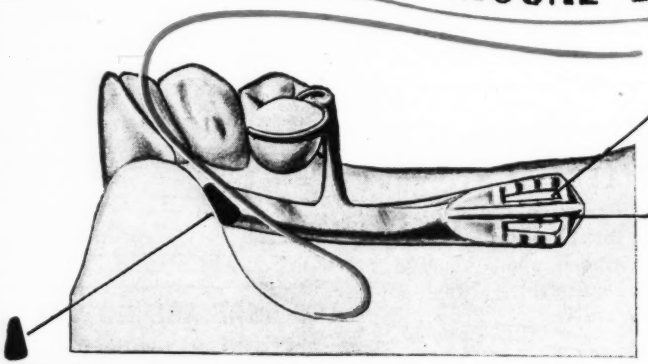

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Picture of the Month

DOCTOR O. L. GABRIEL, Encinitas, California, finds relaxation from his dental practice in his hobby of carnation culture. For the story of this dentist's avocation, see page 552.—*Photograph by Seymour E. Francis, Coronado, California.*

Ten dollars will be paid for the picture used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*

Are State Dental Boards *Competent and Impartial?*

BY GEORGE A. SWENDIMAN, D.D.S.

ARE STATE dental examining boards universally competent and impartial? Are all the boards made up of gifted men of high integrity and special professional talents? No one would rather say "Yes," than I if I could do so without violating my conscience; but, in all candor, I feel that the answer is "No."

My conversation with other dentists and my own personal experiences convince me of these astonishing facts:

1. Membership on a state examining board is frequently a tribute to one's political, rather than to one's professional, skill.

2. Members of the examining boards may, *and* do, reveal extremely human prejudices when their own bread and butter is at stake; possible competitors are ruthlessly eliminated.

3. Favoritism to students from one's own state or to the friends and relatives of board members is highly customary.

4. Any given examining board is likely to be erratic and inconsistent in applying its own standards.

5. Dental examinations differ considerably in nature and difficulty in the various states.

As a hillbilly woman once said of her husband: "He's a no-account lazy guzzlin' fool; and he'll

lie and steal, and sometimes he beats me . . . But otherwise he is a good man." Similarly, if one can shut his eyes to the faults of state dental examiners, one may add piously: "Otherwise they are all good men."

But how long shall we shut our eyes to obvious faults? How long shall we retain the "Pollyanna" attitude that everything is admirable in our profession and that our state examining boards can do no wrong? Our failure to face the issue simply postpones a much-needed reform. Many dentists privately have the same convictions on this subject as I do, but most of us take the easy road of apathy. "Why should I raise my voice in protest, and get my ears knocked back?" thinks each of us practitioners to himself. "Reforms come slowly, and anyhow one man can't push through a reform alone."

True, one man cannot, but he can make a start. He can state the truth as he sees it so that other men who feel as he does will take courage and add their protests. Then eventually the mounting body of opinion results in reform. "Speak your latent conviction, and it shall be the universal sense," says Emerson, and adds: "Nothing is at last sacred but the integrity of your own mind." In that case a start had better be made, though members of state boards may say that these charges are baseless and that they themselves are innocent. Perhaps their protestations will indicate that the charges have struck straight home.

Unqualified Dentist

Are state dental examiners men of outstanding professional skill? Let me tell you a true story. I knew a dentist—we will call him Jones. Jones originally was a laboratory man who had studied a few dental subjects on the side. Jones did not have a high school diploma; he was not graduated from a dental school. However, a few years after the dental board was created, he was allowed to take the examination; even though the law stated that an applicant had to be a graduate of a reputable dental college. Jones was given a license to practice. In time he became president of the dental society, and still later a member of the state examining board.

Jones was a good mechanic, but he did not know anything about the basic sciences; particularly dental pathology. Ironically, Jones' ignorance of pathology resulted in a permanently disfigured face for his own wife. And there we have Jones; first, a dental mechanic; second, a dentist in name; then, society president; then, state dental examiner! It was pretty well authenticated that $500 had got

him his dental license. Was Jones a good politician?

Insofar as the dental profession is concerned, the damage created by Jones and men of his type is a dual one. Not only was it pernicious that Jones was allowed to perform dental treatment himself, but the mischief is considerably heightened because Jones, the unqualified; Jones, the incompetent, was in a position to transmit and multiply his incompetence by way of the candidates whom he licensed.

Qualified Dentist

Let me tell the experiences of another dentist. Smith let us call him. Again the details are completely authentic and verifiable. Smith graduated from Northwestern University Dental School. He took the Illinois dental board examinations, and a license was granted him. The test seemed complete and thorough. One of the things Smith did in the practical phase of the examination was to place an MOD gold foil in an upper left bicuspid. Apparently his treatment impressed a board member from Quincy, Illinois, for he wanted Smith to take over his practice. However, lack of finances prevented Smith from accepting the offer or practicing in Chicago.

Then came an opportunity to take over a practice in his home town in a state whose university boasted of a good dental college. At once Smith took the dental tests and failed along with five of his former classmates; all citizens of his home state! Yet all six of the Northwestern graduates had been superior students in their class, and that class as a whole was considered one of the "smart" classes. Meanwhile, all the *graduates of that state university dental college* passed the board and were given licenses to practice.

Disheartened, Smith made inquiries and learned from the board secretary of his native state that his written examination averaged 87.5, but that he had "failed in the practical." Yet Smith discovered that he had had more practical experience in his junior year than the graduates from this esteemed dental college had obtained during their entire college course. From a college dean Smith learned that "the powers that be" apparently resented a citizen's attending a dental college in another state, and anyone who did faced the danger of failing. It was thought this would tend to discourage any local resident from going elsewhere for his education.

The people in Smith's home town were all for him before he took the board. Everyone urged him to be sure to come back to practice. When they found that he had failed to pass the board, their attitude changed. Many felt he must be a poor student and dentist. The moral and financial blow thus dealt by a double-dealing examining board to a graduate dentist is hard to describe.

Thereafter, Smith took examina-

tions in three other states; receiving licenses in two and failing in the third. His experiences in the third state were strange. There, he says, the theoretic examination was a tricky, ambiguous true-false test; surely not a dependable check of his knowledge or abilities. It was rather the method of lazy examiners. This was supposed to be a five-man board, but only four were there, and apparently the board was completely dominated by one man.

Questioned orally by the committee, Smith happened to mention his taking a course in exodontia from a leading authority. At the mention of this dentist's name, one member cursed and made derogatory remarks about him. Right then, Smith felt that he had two strikes against him. Eventually Smith learned that he failed because board members felt he "just wanted another license." Whether that would justify their action, I leave to you to decide.

Examiners

I myself have seen a state board member hunting for answers in an old answer book. He did not know the answers to the questions that he himself had submitted.

Another state examiner confided to me that his board used to put the names of candidates on slips of paper, place them in a hat, then draw a limited number of names. Those candidates selected in this intelligent fashion were granted licenses. What an affront to our American sense of decency and justice!

If these were isolated instances, they might be ignored. But every evidence indicates that corruption, incompetence, mediocrity, racial prejudice, and favoritism exist in an amazing number of state examining boards.

What will come of it?

For one thing, if the dental profession is too apathetic to clean up this deplorable situation, the citizens may demand reform; reform of a type that we do not like. The citizens will demand socialized dentistry and complete government control of our profession. Even now, men and women are heard to ask how certain unskillful dentists passed the "boards" and why they are allowed to practice. Government control of all our profession is one solution, but I do not believe it is the one that you and I crave.

A second solution is one which would require constant vigilance on your part and mine. We must appoint to our state examining boards only those dentists whose integrity is above reproach and whose conduct of their daily practice is of the highest order. In theory this sounds good, but actually the solitary well-intentioned practitioner is often helpless to effect proper appointments to the board in a state where powerful cliques determine appointments. In the smaller states, for instance, the dental societies seem to function primarily to pass offices around

among a small political clique.

National Board

The third solution, and in my opinion the ideal one, involves setting up a National Board of Dental Examiners composed of member dentists who are authorities in their field. The National Board would establish uniform standards for the entire country, eliminating such glaring inconsistencies as now exist.

Nationally prescribed examinations would test the candidate's knowledge of modern techniques in dentistry, unlike many present state tests which are out-of-date. National tests would involve the writing of acceptable papers on various dental subjects, not just passing false-true tests. Applicants would be required to place a perfect restoration of a silver alloy, gold foil, or inlay; set up teeth in correct occlusion and balance; prove that they can diagnose various dental conditions as well as restore a patient suffering from dental neglect to health and function.

Most important—he must give his oath that he would render to his patient the kind of dentistry he would want for himself.

Yes, the time has come for us to remove the politicians and the charlatans. We must replace them with a National Board of Examiners composed of dental practitioners who are real authorities and leaders.

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ORAL HYGIENE AWARD

This article by GEORGE A. SWENDIMAN, D.D.S., *has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

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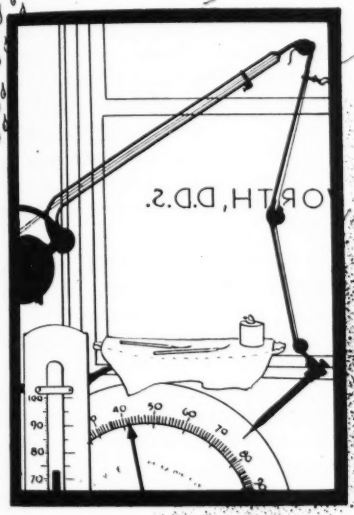
CLEAR YOUR BOOKS NOW!

ONE OF THE collection services that specializes in collecting bills for physicians and dentists warns that the President's recent request that a compulsory health insurance program be enacted into law will begin to have some effect on collections as soon as preliminary hearings on the proposal are underway; even if the matter never goes beyond the committee. Many people are beginning to feel that a "Doctor's" bill will soon be extinct so they will prepare themselves by forgetting the ones they owe now. As publicity for the legislation increases, so will the number of delinquents. This agency advises that it is more important than ever to watch unpaid accounts carefully and take action to collect them when they become ninety days past due. The only safe procedure, in their opinion, is to "clear your books and keep them clear."

AIR CONDITIONING

is a Good Investment



ORAL HYGIENE survey reveals dentists enthusiastic over air conditioning in their offices.

A SURVEY conducted by ORAL HYGIENE to determine the economic and operating advantages of air conditioning in dental offices revealed that over 99 per cent of the dentists participating in the survey considered their air-conditioning equipment an excellent investment. Dentists from twenty-three states representing virtually every section of the country indicated that the installation of air-conditioning equipment in their dental offices was an invaluable asset both from the point of view of improving their dental practices and increasing their personal efficiency and comfort. Not only was the control of the temperature a great advantage, but the regulation of the humidity was of even greater importance in some sections of the country.

The survey was conducted by sending a questionnaire to 1000 dentists known to have air-conditioning equipment in their offices. Replies were received from 399 dentists or nearly 40 per cent of those to whom the questionnaire was mailed. About 60 per cent of these dentists had had their air-conditioning equipment in operation for two or more years.

Several of the questions asked were formulated to determine the office facilities of these dentists and the type of equipment used. About 80 per cent of the dentists replying are located in metropolitan office buildings or small business buildings. The remainder practice in residential neighborhood offices, bungalow offices, or have their offices in their homes. About the same percentage of dentists have one or two operating rooms; the remainder, from three to six operating rooms. About 50 per cent of the dentists participating in the survey have their entire suites air conditioned, while the other half have units installed in one or more operating rooms only. These figures probably are representative of the general distribution of facilities and equipment in the profession.

Operating Efficiency

Of the many advantages of air conditioning in the dental office, that of promoting operator's efficiency by reducing operating fatigue was singled out by more dentists than any other advantage listed on the questionnaire. Ninety-five per cent of those participating in the survey considered this a great advantage in the dental office.

"Conducive to handling more work and producing better dentistry."

"Increase in good health—better disposition. Hence more practice and earnings."

"You feel as fresh at the end of a hot day as you do in midwinter. Worth it for personal satisfaction and efficiency alone."

"Increase in my own efficiency 25 per cent."

These are only a few of the comments dentists made to describe their experiences in increased efficiency resulting from the comfort provided by air conditioning in their offices. Several practitioners commented on the fact that air conditioning reduces the pollen count; resulting in relief for patients and operators subject to asthmatic conditions and hay fever. Sinus conditions and other respiratory disturbances were also found to improve in air-conditioned offices.

In relating his experiences with air conditioning when it was first installed in his office many years ago, Doctor R. L. Lasater, in his article WEATHER CONTROL IN THE DENTAL OFFICE,[1] points out several advantages of air conditioning which he did not anticipate at the time his equipment was installed. One of these advantages was the

[1]Lasater, R. L.: Weather Control in the Dental Office. ORAL HYGIENE **27**:602 (May) 1937.

excellent condition of the materials used in dentistry such as cements, silicates, and impression materials that are considerably affected by humidity and temperature. Seventy-one per cent of the dentists participating in the survey also found this a great advantage in their air-conditioned offices.

One dentist stated: "Ideal working conditions in the manipulation of materials."

"Its greatest operative advantage is in handling silicates," was the comment made by several practitioners.

Hot-Weather Practice

More than 68 per cent of the dentists participating in the survey reported that air conditioning in their offices promoted practice in hot weather. "I have never had a patient fail to remark over the comfort of our offices during the normal 'hot' months. Patients in this section who normally 'wait for cool weather' return to have work completed after first visit." This was the experience of one dentist.

Several others stated that since installing air conditioning they found no seasonal slumps in their practices. Others said that air conditioning greatly reduced the number of broken appointments during the summer months.

"It makes it possible for me to put in a full working day in summer," one dentist reported.

"Would close my office in the summer if it weren't for air conditioning," was another comment.

Seventy-one of the dentists returning questionnaires reported an increase in practice during the summer months of from 5 per cent to 100 per cent as a result of the installation of air conditioning. Many dentists who were unable to estimate the increase in percentage figures added such statements as "No figures available but would not be without it." "Best month of year was August." "Cannot estimate its value in dollars."

Patient Cooperation

Another advantage of air conditioning which most dentists appreciate is the improvement of patient cooperation. Dentists indicated on their questionnaires that they experienced less nervous strain during hot weather both for themselves and their associates in the office, and for their patients. "Comfortable operating conditions are conducive to a very high standard of work because of improved patient cooperation. . ." was the comment of one practitioner.

"The comfort a patient experiences upon entering the office gives him a relaxed feeling which makes it easier on all. It is the best investment we have ever made," another reported.

A number of dentists stated that they found air conditioning a definite aid in the administration of general anesthesia. One stated that his patients recovered from the anesthetic more quickly.

Another advantage of air con-

AIR CONDITIONING AIDS OFFICE EFFICIENCY

This study suggests that air conditioning in the dental office increases operator efficiency and comfort, and that the cost of installation may be amortized readily from the increased production. Air conditioning in the dental office should not be considered a luxury or an item of prohibitive expense. It should be thought of as another piece of equipment that is an aid to efficient practice. Along with operator comfort, the well-being of the patient should be considered. At the best, the dental experience is a trying one. Whatever will encourage people to seek the service is a method to be adopted. If the dental office is a pleasant retreat from high temperature and high humidity, it may be expected that patients will seek this comfort rather than finding an excuse for cancellation of appointments. Whatever brings the patient and dentist together under pleasant surroundings, free from unnecessary stresses and tensions, is desirable. The air-conditioned dental office helps to do that.

ditioning in the dental office which many dentists reported was the improvement in cleanliness. "Filters all dust possible out of the air," was one practitioner's comment. Many dentists reported it advantageous in maintaining sterile operating conditions. A number of practitioners reported the elimination of insects, odors, and noise from the street through the use of air conditioning.

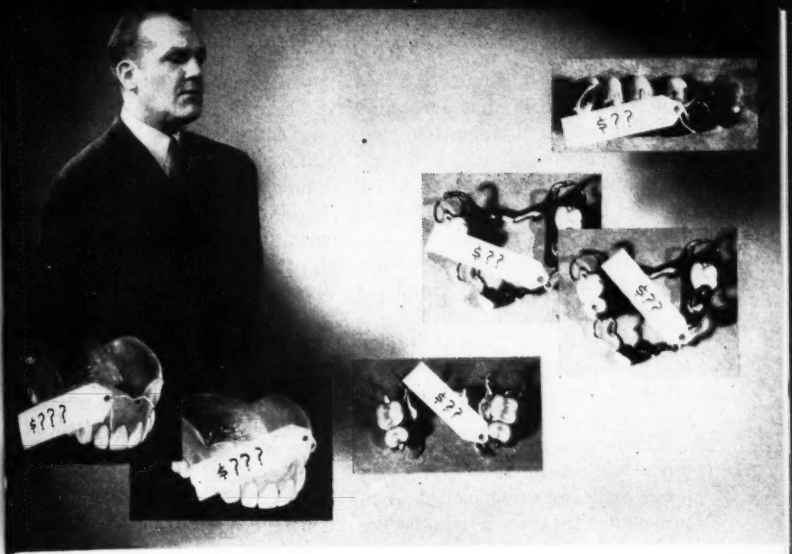
Inadequate Equipment

The two dentists participating in the survey who did not feel that the air-conditioning equipment in their offices had been a good investment stated that they believed their present equipment was too small. Of three other dentists who replied that their equipment was only a fair investment, two again indicated that they thought their equipment was too small. "Very good investment but believe unit too small" was a statement made by several dentists.

The problem of having an air-conditioning unit installed that proves to be too small was one faced by a Florida dentist who found satisfaction only after calling in an engineer and having his third unit installed. This he found "paid for itself tenfold."

"A proper study of one's individual requirements, cubic footage, heat loss, the placing of ducts to ventilate dead spaces, the number of people using the unit, the

(*Continued on page* 563)



A Dentist Answers

The Magazine Critics

Does the layman understand the dental fee problem?

BY NEWMAN D. WINKLER, D.D.S.*

IN A RECENT magazine article entitled WHAT SHOULD YOUR DENTIST CHARGE?[1] the author stirs up a caldron of criticism of the dental profession for what is termed "divergence of opinion." Investigators using a "uniform technique" were sent out in approximately ten American cities. In each of these cities four dentists were chosen at random, and from each one the investigator procured an estimate of the amount of dental service which was needed, and an approximation of the cost. There was considerable divergence of opinion and therefore a variance in fees stated.

The article quotes one investigator as making this report: " '. . .

*Visiting Dentist, Fordham Hospital.
[1]Morgan, McLeod: What Should Your Dentist Charge? Cosmopolitan **126**:50 (January) 1949.

Two days later I phoned and told him [the dentist] that I couldn't possibly afford that much money [four hundred dollars]. I thought he might reduce the amount or tell me that I could pay it off in weekly installments. His answer, however, was that I should delay the work for a few months until I had the necessary four hundred. . .'"

Another dentist visited quoted *two* hundred dollars for a "permanent" bridge for the same patient-investigator.

This serves to prove the inadequate findings of these "investigators." Sufficient evidence is there to prove that they do not know the basic differences between "permanent or fixed" and "removable" dentures or bridges. They, therefore, are misleading in their inferences. They evidently did not recognize the facts that the scientific processes in making both vary greatly; depending upon the "time-factor" of skilled dental technicians. The materials may range from plastics; through metal reinforcements such as base metals, stainless steel, and gold; to various alloys of platinum. The designing of a denture usually involves the consultation of highly trained specialists in this field, and professional knowledge of the needs of each particular case. No two are alike; nor can they be designed along "assembly-line" methods. Probably the most popular metal used today in the construction of removable dentures is "stainless steel," which is marketed to the profession for this particular purpose and involves especially designed casting processes and scientific "heat-treatment" furnaces available only to established and highly trained technicians and metallurgists.

Roentgenography

The article, in describing another investigator's experiences, states: "Report number three on New York revealed that, although all dentists took x-rays, no two were in agreement as to what was wrong with the investigator's teeth. . ."

Did the author of that article ever require medical attention and roentgenograms? Any medical authority must admit that roentgenograms are not infallible. They are only an "assist" in the diagnosing of any ailment. They often lead to wide differences of opinion among diagnosticians. "X-ray is only one of the means at our command, for thorough medical procedure and diagnosis," states a leading medical roentgenologist. "According to statistics of ——— Hospital x-ray department, autopsy findings prove the x-ray diagnosis to be about 85 per cent correct, 15 per cent incorrect.

"Furthermore, x-rays are basically diagnosed from 'shadows' superimposed upon film. Interpretation of these shadows may vary, dependent upon personal experience, training, and knowledge in this particular field. X-rays can only be an adjunct in the making

of a correct dental diagnosis."

There is, also, the personal equation. Physicians and dentists may differ in interpretation of facts just as our courts of law vary in their opinions of jurisprudence. Furthermore, dental practice involves not only the cost of precious materials and metals as used by jewelers, but also the selling of professional services; an intangible item upon which no standard fee can be set. A surgeon cannot accurately predetermine the cost or time factor of his professional skill.

Dental Fees

"Neither through their official organization, the American Dental Association, nor through custom, have dentists in the United States ever established a set standard for computing dental fees," the article states. Does the American public want or deserve "assembly-line" dentistry? Do we, as dentists, after attaining a world-wide reputation for scientific knowledge and skill, want to retrograde? The answer to both is "No." Dentistry has grown to be a fine art, has continually raised its standards, and today enjoys merited recognition of high professional standing.

This article goes on to say: ". . . the problem of how to find the dentist who will best serve one's interests naturally presents itself. Some people attempt to solve this problem by shopping around and choosing the dentist who offers the cheapest price."

To the best of my knowledge (and I have seen twenty-five years of active practice in office and hospital), I can state unreservedly that *all* dentists of my professional acquaintance are honest men, respected in their communities, and dedicated to the highest ethical standards. As to the price of professional services, no set value can be placed on scientific knowledge or the fine arts. There is a quotation from John Ruskin that is apt: "No one can make a product, or render a service so cheap, that someone cannot do it worse and sell it for less. Those people who consider price alone, are this man's lawful prey."

Furthermore, there is no higher reward for *any* professional man than the recommendation of his own patients. Today, in large cities like New York, dentists are forbidden rigidly to advertise or display prominent signs in their windows. When you seriously consider these facts, you must realize that the profession thereby stands on its own merits, and *must* adhere to the highest professional ethics to survive. There is no room for "fakers" in dentistry.

My advice on "how to choose a dentist" would be:

1. Choose one recommended by any satisfied patient.

2. Have implicit confidence in the man you decide will be *your* dentist. If that confidence is lacking, change dentists.

(*Continued on page* 547)

I Am *a Cut-throat* Dentist

BY ROBERT L. GUEDEL, D.D.S.

IF CLASSIFIED according to the article CUT FEES MEAN CUT THROATS[1] in ORAL HYGIENE, I suppose I would be considered a cut-throat dentist by many of the youngsters in the profession.

I am one of those old practitioners (51 years old to be exact) who has been in practice for about thirty-one years. I do wear glasses but my blood pressure never goes up unless I read, in a dental magazine, an article that to me has absolutely no foundation and in addition not much sense.

The unfortunate part about the fee situation in the dental profession today is that many of the practitioners are cutting their own throats; not to mention the throats of their patients. So far as having a regulated set of fees for all is concerned, it is an impossibility and always will be.

When a younger graduate, or an

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[1] Peake, H. C.: Cut Fees Mean Cut Throats. ORAL HYGIENE **39**:40 (January) 1949.

ex-Serviceman just starting in practice, thinks he is being "cut throated" in the profession by the older men, much of the fault lies within himself and, in some instances, with certain school faculties which continue to preach higher and higher fees.

Starting a Practice

I have a patient in the loan department of a large bank in this city. Several months ago he put this question to me, "Doc, what should it cost to equip a dental office at the present time?" I told him that was a $64 question, but explained that it was according to the "bracket" in which the dentist wished to start. His reply was that most of the ex-Servicemen and recent graduates wanted to borrow from $3000 to $5000 to start and in most cases did not have enough collateral. Trying to be in this high bracket is one reason the younger members think dental fees should be kept at too high a level, and in many instances out of the reach of a great number of people.

Most of the younger men starting in practice today seem to think that they must locate in a fashionable neighborhood (where rent is high). Many of them are fooled because this does not always mean a lucrative practice. They think they must have the latest "streamlined" equipment. This is a wonderful goal for any dentist to set, but why not start with essentials and add equipment as income increases? They think they must have a dental assistant at the start. Why not eliminate this expense until their practice is well established and demands an assistant? Most of them send all their prosthetic cases to a laboratory instead of themselves fabricating at least part of them to cut down overhead and "keep in trim." They must drive the longest late model car and take extended vacations, or in short "travel with the Joneses." Under a setup such as this, they must charge a high fee or be in the red.

Another great difficulty with the newer members of the profession is that they figure only on the cost of equipping an office, but do not give enough thought to what is most important—the many types of insurance, various taxes, keeping up a home, and many other fees and donations that must be made annually. The result is that they get in debt to the extent that they expect the public to rush in for dental service at exhorbitant fees, and pull them out of the red. There are many people today who do not have that kind of money, and in time will have much less.

During a war or postwar period business always flourishes, but what the young graduate fails to ask himself is, how long will these times last? Will I be able to continue like this if things get tougher and the demand for dental service

is less, with fees in general being automatically lowered?

Many people in this country (including a majority of the dentists) have been for the last few years, and still are, "floating on bubbles." The new practitioner, or the old one for that matter, must in time see these bubbles burst.

Older Dentists

As an example of the opposite side in this fee controversy, I will consider myself in my own "cut-throat way." I started in practice immediately after receiving my discharge from Service after World War I. (I believe that World War II veterans deserve everything and the best, but I do believe they have been spoiled to a certain extent by no fault of their own, but because of lavish government spending.)

I started my office for much less than $1000, and am still using a small part of the same equipment. I did not pay for it with a government loan (and here I need not say what World War I veterans received from the government). I paid for my equipment by hard work, with extractions for as low as fifty cents and dentures as low as thirty dollars a set. I now have a respectable, modern residence office, on a boulevard, in a pleasant, medium-class neighborhood. I do my own laboratory work, drive one of the smaller cars but not the latest model; nor do I have Oriental rugs in my office. I travel with the Joneses, but those in my class. I am out of my office from two to three months a year for various reasons. I am not overburdened with money, but my wife and I have few worries and are happy in our own way. We live within our income, and if another recession or depression comes we will go on just the same and not notice it too much.

Dental Fees

Now let's see if I am cutting anyone's throat, and whether or not I should be compelled by any group or law to charge a fee which I believe to be out of line (say for a denture) just because I am not in debt.

In my own town of approximately four hundred thousand people I can get a denture made from $25 to $300 and up. It makes no difference to any patient whether his denture is set up on a plain line articulator or one of the numerous so-called up-to-date ones. It makes no difference whether a denture is made by one of the "older to-be-pitied dentists" who is "on the downward path of life" (so the article says) or by the ultramodern young dentist. What matters to a patient is how the denture looks and whether or not he can wear it with comfort.

There is another thing I should like to clear up for the young graduate. Don't think that all these old practitioners in the dental profession who look down over their

spectacles are too far behind the times. I believe that most of them read the dental magazines more thoroughly than the youngsters; the only difference being that they do not fall for all the ballyhoo.

I should like to see every dentist get the fee he thinks he is entitled to have, but just because a fellow in one group must get $300 for a set of dentures to put him "over the hump" and get him out of debt is no reason he should insist on my doing so when our office setup, overhead, and ideas in general are entirely different. I do not believe that any of the older men need sympathy, and I do not believe that all the younger men are strictly honest and ethical. That is only my opinion. In my thirty-one years of practice I have never been able to throw out my chest, demand a $100 fee for certain treatment, and tell the patient to take it or leave it.

So far as the dental profession taking a leaf from the books of the trade unions is concerned, we have too much of that now and I want no part of it. I pay my association dues and try to practice in a fair way, but my patients are not millionaires and few are "fourflushers." If I wish to make a denture for $20 for a widow with several children, or anyone else for that matter, I believe I have the right to do so and do not think I am cutting anybody's throat. In my neighborhood I do not think other dentists worry about what fee I charge, and I think it is none of their business.

224 *Pleasant Run Parkway N.D.*
Indianapolis, Indiana

A DENTIST ANSWERS THE MAGAZINE CRITICS

(*Continued from page* 543)

3. Have a frank discussion with him about price. If there is a question of choosing between "cheaper" and "better" dentistry, take the best you can afford. Your health deserves the *best*.

4. Your physician can be depended upon to refer you to a competent dentist. Physicians and dentists often coordinate their knowledge for the benefit of the patient's health.

5. Look for the small placard stating, "Doctor ——— is a member in good standing of the American Dental Association."

2488 *Grand Concourse*
New York City

Are You Living Off Your Reserves?

BY HAROLD J. ASHE

The proper handling of depreciating assets today may mean security in your old age.

WHILE MOST dentists nowadays are probably finding it difficult to live within their income, a dentist acquaintance of mine was perplexed recently by the apparent fact that he has been drawing more money from his practice and from outside investments than he has been making.

Last year his income tax return, carefully prepared and honestly reflecting his true income, showed that, from all sources, he had a net income of about $11,900. Yet, as he related it to me, he spent for his personal needs $14,300. At the end of the year he had around $90 more in his checking account than when he started the year. This is, indeed, a neat trick and one that other dentists, I am sure, would like to try.

However, before readers send wires asking about this dentist's secret of easy money, I hasten to point out that what he is indulging in is a common form of financial sleight of hand. He is fooling only himself, although he is not aware of this fact. He is living off his own accumulated fat. If this is continued long enough, he has some lean years ahead of him in the old age which he now thinks he can face with assurance.

Superficially, this dentist appears to be in an unusually secure financial position. In past years he has invested some of his professional earnings, together with a small legacy, in considerable property. His present professional net earnings are substantial. He considers his net worth at just under $100,000 although, as I shall show directly, that figure is open to serious question.

Despite the fact that this dentist acquired most of his present realty holdings by painstakingly saving and investing part of his professional earnings, he has now ceased this practice. In addition he is now living beyond his combined income from interest, rentals, and his practice, although he is not convinced of this last.

Depreciation

Each year this dentist's tax counselor carefully deducts all depreciation to which the dentist is entitled. This amounts to almost $2,500, and this is what gives the dentist the illusion of having a greater income than, in fact, he enjoys. Because his depreciation write-offs, while a legitimate expense, are not cash payouts from receipts each year, a sum equal to such write-offs stands to the dentist's credit in his checking account; that is, he has deducted depreciation as an item of expense, yet it is not reflected in his cash position. So, for the time, at least, he can withdraw $14,300 a year, despite the $11,900 net income, without any seemingly fatal results.

Actually, of course, this dentist

Depreciating Assets

Cost at time of acquisition	Description	Cost less land which is not depreciable	Annual Depreciation	Net income after depreciation
$ 1,500	Dental equipment, fixtures, furnishings	$ 1,500	$ 150	$ 7,500
11,000	Dental building	8,000	300	
40,000	Store building	25,000	1,000	2,150
10,000	Duplex rental	8,000	240	500
8,000	Single house	6,000	300	410
18,000	Four-family flat	15,000	500	980
88,500		63,500	2,490	11,540
6,000	1st mortgages			360
94,500				11,900
		Depreciation treated as income		2,490
				14,390

is depleting his accumulated savings of many years time, as now expressed in his realty holdings. If he persists in this practice over a long period of years, he eventually will be confronted with the disagreeable fact that his present net worth of $100,000 has been reduced to $50,000, $25,000, or even less.

Pride of ownership blinds the typical property owner to the hard fact that a property worth $10,000 today will, in all probability, be worth only a fraction of this amount ten or twenty years hence. Certainly it is an unwise investor who assumes that a property will gain in value sufficient to offset the inevitable wear and tear of the years. That this depletion takes place so gradually it is hardly perceptible does not alter the fact. Anyone doubting this observation need only make a quick survey of older sections of any community to see the ravages of time and the elements on what were once first-class homes and grade-A business buildings.

That many old homes bought in a depressed real estate market were later sold in postwar booming conditions at a huge markup in value does not alter the above generalization. The conservative investor will not rely upon increase in value, but will consider primarily year-in and year-out net rental income.

Let us take a look at this dentist's income tax return to get a

revealing picture of what is happening to his properties. Let us examine, first, on the accompanying table, every item which his tax counselor is depreciating for him. This is where he gets that extra $2400 to spend each year.

Now this dentist's financial position starts coming into focus. Here we find that of the $94,500 net worth he believes he has, only $6000 is not subject to depreciation. Of the balance of $88,500, in good years and bad—and dismissing speculative possible gains (or losses) in value—his net worth is being whittled down $2,490 each year. Actually, from the various dates of acquisition of these different income properties, depreciation has already subtracted some $20,000 from their combined values. Yet he continues to think of the value of each property as being at least as much as that paid for it.

From this analysis it is not too difficult to project a picture into the future. Ten or twenty years hence, if this dentist does not start offsetting this daily and yearly wearing away of his savings through depreciation, he will find himself, in his old age, holding $15,000 or $20,000 worth of undesirable properties known in the real estate business as "taxpayers"—and with little or no net income to the dentist at a time when he needs such earnings.

The shrewd dentist, in such a situation, will recognize what is taking place. First, he will live well within the income as shown by his income tax return. Secondly, as an offset to the wear and tear on present depreciating assets, he will set aside an amount at least equal to the depreciation write-offs. He will invest this money in other properties, mortgages, sound stocks or bonds. In this manner even though he does not increase his total net worth, he will not allow it to sink lower and lower as the years go by. As one depreciating property decreases in value, this decrease will be offset by other newly acquired tangible holdings of a value equal to the decrease in value of older holdings.

Unless such a practice is put into effect and adhered to carefully the dentist will continue to delude himself that his earnings are greater than, in fact, they ever are. In addition, he will more than likely continue to think of his depreciating assets as still having as great a market value as the day they were acquired.

2002 *Knopf Street*
Compton 4, California

THE COVER

THIS MONTH'S cover is an interesting scene from Cleveland, Ohio, where the Annual Spring Clinic of The Cleveland Dental Society will be held May 2-4 at the Hotel Hollenden.

Blooming HOBBY

Carnation culture is the profitable and enjoyable hobby of a California dentist.

BY SEYMOUR E. FRANCIS

THERE IS an extra thrill in working, as an assistant or laboratory technician, for Doctor Oscar L. Gabriel, Encinitas, California, dentist, for you are likely to awake some morning and find yourself famous. Doctor Gabriel has a way of tagging names of people he likes on prize-winning carnations that find their way into the flower gardens and marts of the world.

Propagation, raising, and sale of carnations on a scale that would provide full-time employment for any less energetic person has proved a money-making hobby and relaxation for this dentist. It has brought him round-the-world fame among horticulturists for his work in hybridization, and in 1947 twelve blue ribbons for single blooms plus a grand prize for his display at the San Diego County (California) Fair.

As his "full-time" occupation and interest, Doctor Gabriel is associated with his brother, Doctor H. F. Gabriel, in an Encinitas dental clinic which provides employment for seven other persons—an oral hygienist, two laboratory technicians, three assistants, and a receptionist-bookkeeper.

But on week ends and in the evenings, Doctor Oscar turns to his second love, which he has followed since childhood—working with carnations (see the PICTURE OF THE MONTH on page 531). Annually, he ships many thousands of cuttings, most of them by air, to every section of the United States. At least once he ran into a situation similar to that of the Britisher who carried coals to Newcastle. That came when he filled an order for cuttings for a customer in Honolulu, where carnation raising is a

Oscar L. Gabriel, Encinitas, California, dentist, has gained world-wide fame for his work with carnations.

big business and where most of the blooms are used in the manufacture of those colorful and spicy tourist souvenirs, the Hawaiian lei.

Doctor Gabriel's first experience with carnations came in boyhood, when he sold the blooms of an Oceanside, California, grower to tourists aboard the Santa Fe trains that stopped there. In the thirty years since, he has studied the facts about the flower, has compared notes with other growers, and has developed blooms that echo, in range of color, Joseph's traditional coat. Only green is missing.

The catalogue of Southern California Carnation Grower, the firm Doctor Gabriel established to handle the business details involved in carnation culture and sale, lists the following: three varieties of white; four of light pink and salmon; two in medium and dark pink; four in red and crimson.

Under novelty and variegated blooms are: orchid with crimson markings; a fuschia purple; a smoke blue, unusual in carnations;

bright orange, fringed in red; sulfur yellow with pencilings of deep pink; clear yellow; claret and purple; tawny orange; rich garnet, shading to orchid at the petal edges; peach red with edging and markings of red; purple shading to mauve; heliotrope; apricot and red mingled; orchid mauve; pale lemon yellow.

Prices for stock range from 45 cents for the more common varieties to $2 for Allwood's Heliotrope, a large carnation of pure heliotrope coloring.

Orders for cuttings come from all sections of the United States, and there have been inquiries from as far as Capetown, South Africa. One shipment went to New Zealand. Most of the blooms are sold in nearby San Diego, although some are packaged in cellophane and air-shipped to other areas.

It was in 1934 that Doctor Gabriel began to take a serious view of carnation culture and started growing the standard varieties in his backyard. He began to experiment with hybridization, and later moved to a two-acre plot north of Encinitas, where he had started to practice after graduation. There, he has installed two hothouses and many outside beds. Normally, about forty thousand plants in a hundred different varieties are growing at one time, and present a sight sufficient to drive any color-film addict into a frenzy.

Doctor Gabriel has developed his own hybridization techniques, has lectured on carnations and their culture before hundreds of garden groups, and has written at least one pamphlet on the best methods of growing carnations. This was for use by the average gardener. He has carried into his hothouses some of the sanitation and sterilization practices of his profession, and recommends steam sterilization to overcome such distracting conditions as nematodes or bacterial and fusarium wilt. At times, his instructions sound like a prescription for the local druggist, with reference to potassium permanganate, vapotone, Dow spray, zerlate, and recipes for potting compost and soil mixtures.

Doctor Gabriel explains his affection for carnations thus: "The Perpetual Flowering Carnation is not a tender hothouse plant, but is hardy and stands many degrees of frost. It flowers in the garden from late spring until winter frosts appear. In frostless areas and the greenhouse, it flowers from the age of nine months to an indefinite number of years; provided the plant is kept healthy and free from fungi and insect pests. With this kind of record, and with its sturdy characteristics, it's the best flower I know to provide color and spicy scent for anyone who will take a little care."

No great investment is necessary, the dentist says, pointing—for proof—to the plants he himself has in old coffee and five gallon cans.

Before placing a new hybrid on the market, Doctor Gabriel tests it

with replantings for three years. Then, if it is sturdy, healthy, and gives promise of becoming a favorite with flower growers, he names it—for members of his family or office staff, for friends, or for nearby geographic locations such as Palomar Mountain.

So far, he has yet to name a bloom for his wife, Hazel, who is as enthusiastic about carnations as he is. That name, he says, is being reserved for the finest blossom in the world, which he has high hopes of developing.

He is, you might say, stalking a dream. And he is convinced that carnations are an ideal way to make dreams come true.

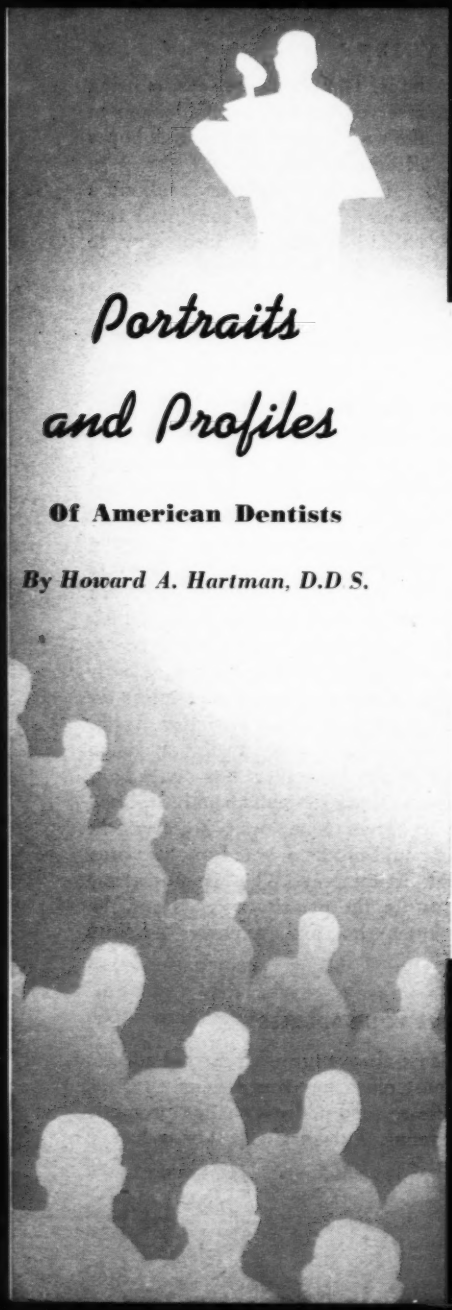
864 *E Avenue*
Coronado, California

BRITISH EXPERIENCE UNDER FEDERALIZED DENTISTRY

UNDER THE Health Service Acts the unsatisfactory state of the priority services—the foundation stones of any complete dental health service—is a continuing source of anxiety to those who realize that the limited resources of the dental profession could be employed to greater advantage in caring for the teeth of the younger sections of the community rather than in providing dentures for their mothers and fathers; however urgently these might be needed . . . The fact that the services of private practitioners are now available for all children without cost to their parents will do something to ease the problem. But until the great mass of the public has been educated to appreciate the importance of early treatment a service which is part of the regular school routine offers the only sound basis on which to build up a dentally healthy nation. In the past, comment has been made that the money devoted to the provision of dental benefit under the National Health Insurance Acts could have been spent to much greater advantage, in terms of dental health, if it had been expended in the school service. That money was, however, the property of the insured persons and could not be directed to other uses. That consideration no longer stands in the way. What is obstructing progress is the divided responsibility for the priority services and the conflict between the interests of ratepayers and taxpayers.—*British Dental Journal*, January 7, 1949.

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



Portraits and Profiles

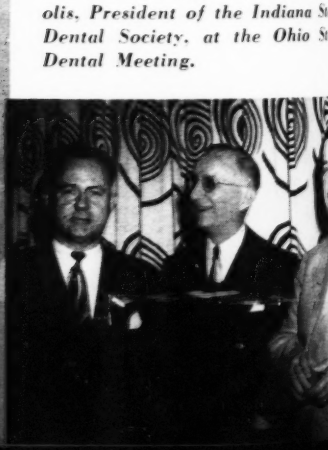
Of American Dentists

By Howard A. Hartman, D.D S.

Left to right: Leo M. Shanley, Pre ident of the St. Louis Dental So ciety; David Brock, St. Louis, Chai man of the Missouri Dental Socie Council on Dental Health; and Ed Bollwerk, St. Louis, at the Mi Continent Dental Congress.

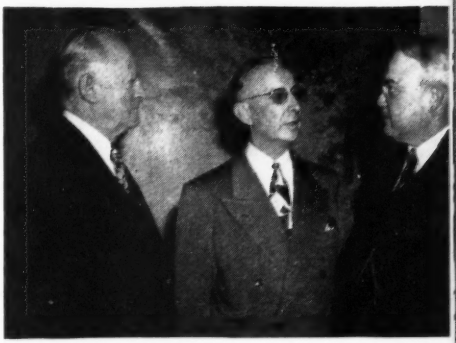
★

Left to right: Wendell D. Pos Dean of the Ohio State Univers College of Dentistry, Columbu J. B. Carr, Indianapolis, Trustee the American Dental Associatio and Herbert W. Mason, Indiana olis, President of the Indiana Sta Dental Society, at the Ohio Sta Dental Meeting.



Attending the St. Louis Congress are (left to right): George Clipner and John H. Byrne, both of St. Louis; and Ryland M. Ayres, Clayton, Missouri.

★



Left to right: Carlos H. Schott, Cincinnati; J. B. Carr, Indianapolis; and Clyde E. Minges, Rocky Mountain, North Carolina, President of the American Dental Association.

★

Left to right: L. M. Kallenbach, Past-President of the St. Louis Dental Society; Paul O'Brien, Immediate Past-President; and Val H. Frederich, Society Secretary for seventeen years, attend the Mid-Continent Dental Congress.

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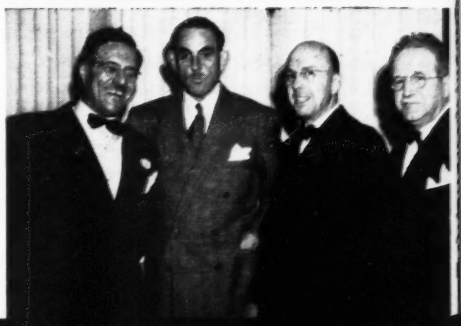
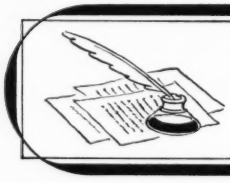


Left to right: Leon Saks, Cincinnati; Louis R. Hill, Los Angeles; Emmett Beckley, Kansas City, Missouri; and E. Carl Miller, Cleveland, meet at the Mid-Continent Congress.



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

RUSHING INTO PUBLIC PRINT

MANY DENTISTS have been feeling the demand from the public for the Gottlieb treatment for caries control. A good many others are expressing their preference for the sodium fluoride treatment for their children. It all seems to depend upon which magazine a person reads. The readers of *Collier's* lean to the Gottlieb method whereas the devotees of *Life*, the *Reader's Digest*, and the publications of the Federal Security Administration, are counted among the sodium fluoride enthusiasts.

Dentists find themselves in a quandary almost as perplexing as the one under which the public suffer. Just after we have been told that sodium fluoride reduces the incidence of caries by 40 per cent and have begun to prescribe and give the treatment to children, we are warned by *Collier's* that the Gottlieb method virtually does away with caries. Block up the invasion pathways in the enamel and the subject has caries immunity for life. At least that is what the public has come to believe after their indoctrination in dental science by *Collier's*.

Doctor Gottlieb has a prominent position in dentistry. He has made outstanding contributions to dental science. It might be that his theory of caries is correct and that the long-held concept that caries is a dissolution of enamel by acids is entirely wrong. There is experimental evidence to substantiate the theory that the primary caries lesion is produced by acid decalcifying the inorganic structure of the enamel. Gottlieb has not, to date at least, presented sufficient evidence to prove that caries is a proteolytic process operating upon the organic tissues in the enamel. Until such evidence is at hand we must look upon Gottlieb's point of view as an interesting theory or hypothesis; not as an established clinical fact. It is a subject that should be debated in the dental literature rather than in the public prints.

It is highly desirable for the public to receive dental health information. The profession should be pleased to have the magazines of large

general circulation take an interest in dental subjects. We should encourage this interest and, at the same time, implore magazine editors not to publish health articles until they are verified by authorities. Any magazine or newspaper is free to approach the American Dental Association or any dental college and ask for advice on a dental subject. The advice will be given promptly and without charge and without censorship. Many editors suffer from a warpage of the intellect on the subject of censorship. They feel that to submit copy to authorities in advance of publication is to expose their literary gems to the blue pencil of censorship. Any authority entitled to that designation is interested solely in scratching out the myths and the pipe dreams. The writer of scientific facts need fear no blue pencil and facts are the only material that should be projected to the public.

Rushing into public print helps no one. The rushee imperils his professional standing. The publication that projects wobbly theories loses caste and forfeits the confidence of its readers. And the subjects under discussion, in the case of the caries ballyhoo they are dentists, gets annoyed with everybody. To put it down in concrete terms: Doctor Gottlieb's standing within the dental profession has not been improved by the *Collier's* description of his theory. The magazine has lost the respect of readers; at least of dentists. The public has been given a story that may or may not be true and this time qualified experts are inclined to be doubtful. Parents who are expecting complete freedom from caries in their children, following topical applications of sodium fluoride or the Gottlieb solutions, are going to be angry at somebody when they find cavities in teeth that had received the "magic" or the "wonder" treatment.

Nobody is proposing that scientists be muzzled and that publications operate under a license or a censorship. We are hoping that scientists keep their enthusiasm under control and that they confine their preliminary presentations to professional audiences and scientific journals. After the theories have been substantiated by experimentation and the test of time, it is fine to make the information available for the public welfare. We ask scientists to withhold their reports until the facts are measured. It would be desirable if editors and writers would accept this precedent and exercise the same kind of restraint.

Edward J. Ryan

So You Know Something About DENTISTRY!

QUIZ LV

1. The addition of certain metals, notably platinum and palladium, in gold alloys, (a) increases, (b) has no effect upon, (c) decreases, the grain size of the alloys. .....

2. Which tooth marks the lowest portion of the compensating curve? .....

3. A universal antidote has (a) adsorptive, (b) demulcent, (c) precipitating, properties. .....

4. The tendency of amalgam to shorten or flow is (a) decreased, (b) not altered, (c) increased, when increased ratios of mercury are used. .....

5. True or false? The maxilla comes into direct contact with all the other bones of the face except the mandible, although the latter is intimately related with it at the temporomandibular articulation. .....

6. The primary use of a fixed prosthetic appliance in children is (a) an active orthodontic appliance, (b) a space maintainer, (c) an appliance to relieve traumatic occlusion. .....

7. A necrotic pulp shows reactions to (a) hot, (b) cold, (c) electrical tests. .....

8. Why is it essential that the cement slab be cleansed thoroughly after use? .....

9. An increased vertical dimension in the jaws is difficult to maintain when (a) only the anterior teeth are present, (b) only the posterior teeth are present. .....

10. Are oral tori common in children and adolescents? .....

FOR CORRECT ANSWERS SEE PAGE 570

Dentists in the NEWS

Portland (Oregon) Oregonian: A 110-office dental clinic was opened for patients recently at the University of Washington, Seattle, according to an announcement by Doctor Ernest M. Jones, Dean of the School of Dentistry. This is the first unit of the University's new $9,000,000 health sciences division.

Patient treatment in the clinic is performed by forty-six third-year dental students under the supervision of fifty dental clinical associates; all of whom are experienced dentists.

Included in the building is an auditorium with a capacity of 600. Plans are being made to televise in this room an image on a screen of an operation being performed in another part of the building.

Washington (D.C.) Post: The study of photography for use in his dental office has led to recognition as one of Washington's outstanding amateur photographers for Doctor Sidney S. Jaffe, Bethesda, Maryland, dentist. His interest in photography started when he recognized the need for pictures of his patients before removal of their teeth so that a natural appearance with dentures could be achieved.

Doctor Jaffe is well known in photographic circles both in this country and in Mexico. While he specializes in portraiture, he also has produced some unusual out-of-door work as his large salon of Mexican scenic studies reveals. "All photographers should go to Mexico . . . It is so alive with dramatic and picturesque scenes," Doctor Jaffe reports.

His excellent portraits have brought this dentist his real fame. On one occasion he made one hundred different portraits of the same man. He brings out all facial details by using orthochromatic films rather than blemish-covering panchromatic emulsions.

Los Angeles (California) Times: Although he has never taken an art lesson in his life, Doctor Bernard Cooper, a retired dentist of Sherman Oaks, California, has had sixty-seven art pieces accepted by museums throughout the country. This is the result of his hobby of metal arts begun in 1932 to offset his depression worries. He was practicing dentistry in Cleveland at that time.

Doctor Cooper's first piece, which was accepted by the Cleveland Museum of Art for exhibition, was a hand-carved primitive head. Since then he has worked with copper spinning, three-dimensional hammered copper replicas of paintings, plastics, wood-blocks, etchings, and other mediums. He has yet to try his hand at painting.

Washington (D.C.) Times-Herald: A Charleston, South Carolina, dentist, Doctor John T. Green, runs a farm on the second floor of an office building in the heart of the city's business district. The farm is about five feet wide and fourteen feet long, and eighteen chinchillas live there. These fur-bearers are valued at $600 each.

This dentist bought his first two pairs of chincillas in 1946 for $2,400. He has sold two pairs for the same price so counts those he now has a profit.

Doctor Green is not raising these chincillas to be made into fur coats. They are worth more for breeding pur-

poses. The females usually produce two or three litters of five or six a year, which makes this type of farming quite profitable, at $600 a chinchilla, since it costs about $3.50 a year to feed one animal.

Salt Lake City (Utah) Tribune: Twenty-four years ago Doctor H. D. Christensen, a dentist of Provo, Utah, jokingly told his wife he could make a better violin than the expensive one he had purchased for his daughter. Then he proceeded to make one of native locust wood and pine. Violin making has been his hobby ever since.

Today this dentist admits that his first violin was not too successful. It was not until 1936 that he made a violin approaching a suitable tone and with flexibility in playing.

Doctor Christensen has copied the blueprints of the violins of Stradivari and has studied all the books he could find on violin making. And he has used wood imported from Europe. His first good violin was designed from a plan he based on a photographed reproduction of a fine Stradivarius. From this he developed his own technique which he has experimented with and improved each year since.

Cleveland (Ohio) Plain Dealer: When Robert L. Hansen put down his gun to count the money in Doctor Samuel R. Gordon's wallet, he made the wrong move. He gave this Akron, Ohio, dentist long enough to prove himself an expert at subduing gunmen.

Doctor Gordon was treating a patient when he noticed a man in his reception room who was acting strangely. He went out to see what the stranger wanted. "The man came toward me, pulling a gun from his pocket," he related. "He told me to keep working. I just looked at him."

Hansen reached into the dentist's pocket and took his wallet. He placed the revolver on a table, and, admonishing the dentist not to touch it, started to count the money. At this point, Doctor Gordon was able to grab the gun. He pulled the trigger twice but nothing happened. When the gunman grabbed for the gun, Doctor Gordon hit him over the head with it, breaking the butt. The two fought their way into the building corridor while the patient called the police. When the police arrived Doctor Gordon and an unidentified man were holding the gunman down on the floor.

While the police took the injured gunman to the hospital for treatment, Doctor Gordon completed the treatment for his patient.

New Orleans (Louisiana) Times-Picayune States Magazine: When Doctor Felix M. Isaacson, New Orleans dentist, was a dental student in 1915, he had to carve replicas of teeth from ivory. This assignment started him on his hobby of collecting carved pieces of ivory. Today he has a special room in his home filled with a collection valued at many thousands of dollars.

In his collection are rare pieces from all over the world; any one of which would make a museum piece. In one of his specially built and lighted cases is a small carving of the seven Chinese gods of luck. He bought this in Panama from an old seafarer for a modest sum. Since then he has been offered $1500 for it.

Doctor Isaacson's collection proves that fine ivory carving is not found in the Far East alone. He has a group of three tiny musicians, each one mounted on a miniature beer barrel, which were carved in Vienna. As an example of American ivory sculpturing he has a statue of Man O'War done by a famous animal artist, even to the muscles in the horse's legs.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Elna M. Gard, 801 N. E. Alberta Street, Portland, Oregon.

Mrs. Thomas F. Greany, 1636 Kenyon Street, N. W., Washington, D.C.

Morton Parmet, D.D.S., 1203 Walnut Street, Allentown, Pennsylvania.
William J. Ream, D.M.D., 523 Second National Building, Akron, Ohio.
Fred F. Tomblin, 2523—55th Street, Huntington Park, California.
Lester W. Burket, D.D.S., M.D., School of Dentistry, University of Pennsylvania, Philadelphia 4.
Mrs. Rupert A. Stephens, 1801 Beatrice Street, Alexandria 20, Louisiana.
Lillie E. Schultz, Route 2, Hamilton, Montana.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

AIR CONDITIONING IS A GOOD INVESTMENT

(*Continued from page* 540)

amount of air to recirculate, the prevailing temperature and humidity—all of these things should be studied," states this Florida dentist. "When properly and scientifically installed, air conditioning is a real blessing for the dental office, but unless these principles are followed, it can be a nightmare. We learned the hard way, but being in a climate where we need it from eight to ten months out of the year, persistence was the price of success and we have enjoyed its blessings for eight years."

Only fifty-four dentists listed disadvantages with regard to their use of air conditioning—the most common one being that of operating and maintenance costs. Despite these disadvantages, all fifty-four dentists indicated that they thought the purchase of the equipment had been a good investment. While a few dentists felt that the initial cost of air conditioning was a disadvantage to its purchase, others made such statements as "Air conditioning will pay for itself in no time, and you and the patient are less fatigued." "Paid for itself first year." "Worth much more than cost." The advantageous results of the control of temperature and humidity in the dental office far outweigh any disadvantages which may accompany its installation.

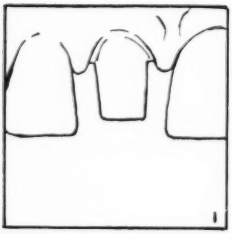
TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

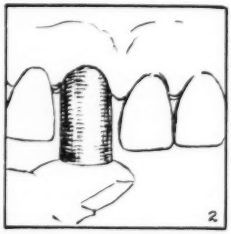
Drawings by Dorothy Sterling

Accuracy in Tube Impressions for Jackets

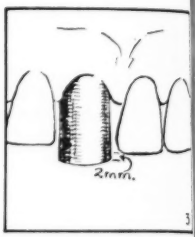
by James McNerney, D.D.S.



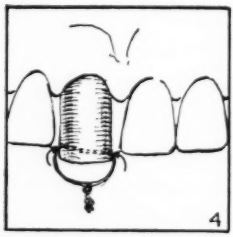
Make jacket preparation in the usual manner but do not cut the shoulder.



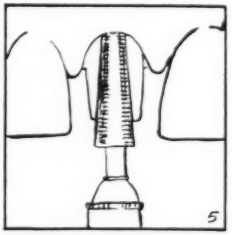
Fit a copper band to the exact size of the tooth. Contour it carefully at the gingival.



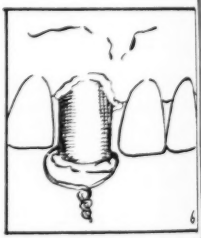
Trim the bottom edge t make the band 2 mm. long er than the adjacent (nor mal) central incisor.



Exactly at the incisal edges of the adjacent central and lateral, drill small holes in the band. These will key the position of the tube. Loop wire through the holes to make a handle.



Finish the jacket preparation by cutting the shoulder.



Place compound in tube and be sure to sear the compound to the copper band. Press the tube into place until the holes (Fig. 4) are in correct position at the incisal edges of the adjacent teeth.

ASK Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Rampant Caries

Q.—I have noticed that you recommend the use of sodium fluoride topically in the treatment of rampant caries. Could you please send me the course of treatment?—C. M. E., Nebraska.

A.—One of the first articles on the use of sodium fluoride for the control of caries in children's teeth was written by Bibby[1] of Boston.

I have followed his technique with good results. My procedure is as follows: I first give a thorough prophylactic treatment. I then block off one quarter of the mouth with No. 2 cotton rolls. The teeth are then dried with compressed air. A cotton swab saturated with a 2 per cent aqueous solution of sodium fluoride is used to cover the teeth thoroughly with the solution. It is then dried in with compressed air and the mouth rinsed with water. The rest of the mouth is treated in like manner. This should be done every three months. —George R. Warner.

[1]Bibby, B. G.: Use of Fluorine in the Prevention of Dental Caries. I. Rationale and Approach, J.A.D.A. **31**:228 (February) 1944; II. Effect of Sodium Fluoride Applications. J.A.D.A. **31**:317 (March) 1944.

Costen Syndrome

Q.—Full-mouth roentgenograms of one of my patients show no diseased or gingival condition. The oral cavity is in good health. However, at night the patient is unable to sleep because of severe pain in the region of the parotid glands and the temporomandibular joint.

The occlusion was poor. This was corrected by grinding and polishing the teeth. Relief of a tight feeling in the jaws and better masticatory powers resulted. There are no impactions, but the pain still persists at night.

The patient consulted an otorhinolaryngologist with no relief before coming to me. What causes this pain at night and what treatment do you recommend?—C. D. M., Missouri.

A.—It would seem most likely that your patient is a victim of the Costen syndrome from nerve pressure in the temporomandibular joint because of the malocclusion of which you speak.

Good temporomandibular roentgenograms might help in the determination of this fact.—V. Clyde Smedley.

Denture Patient

Q.—I have a full-denture patient, a man aged about thirty-five. I have constructed three full sets of dentures and relined three. The last time I constructed the lowers of acrylic teeth. I had the patient in as near perfect occlusion as can be obtained. I have checked and relieved every pressure

area. The patient complains of pain in the first and second molar area as if he were biting on something hard. With the pressure of just pressing on them, no pain exists.

This patient appears to be in good physical condition. I should certainly appreciate any information or suggestion concerning this condition.—J. H. B., Kentucky.

A.—With a weak or sensitive pressure area under a denture, it may be a fault to provide a perfect milled-in occlusion. I believe it is best in fitting such a mouth to throw the buccal cusps out of occlusion and do all of the grinding to balance occlusion on the lower teeth so that the result provides only lingual cusps of the upper teeth functioning as a series of pestles against a series of flattened mortars or tables that the ground lower teeth provide. All milling is done as spot grinding in accordance with the directions provided with Kerr's disclosing wax.

This disclosing wax technique is also the best method of which I know for the relief of pressure on sensitive areas under dentures.—V. Clyde Smedley.

Inflamed Tissue

Q.—I have a case which is causing me concern as to how I should proceed. The patient is a man 28 for whom I made a partial upper acrylic full-palate denture. The entire area beneath the acrylic became red within several days of wearing the denture. I have seen the patient now for the third week and the area is still red. The patient experiences no pain or discomfort.

He had worn previously an acrylic partial denture, but it was loose fitting and the inflamed condition appeared only in one area. This was in the center of the vault. He wore this previous denture for about three years while in Service. The patient has a closed bite.

I shall appreciate your advice.—J. L. P., Iowa.

A.—Bringing the tissue-bearing surface of a denture to a high, smooth polish will often correct the redness of supporting tissue. Undercuring of the acrylic may be the cause, or a cheap brand of acrylic with a commercial type of plasticisor can also cause such irritation.—V. Clyde Smedley.

Loss of Deciduous Incisor

Q.—Recently my 3-year-old son developed an acute abscess in his upper left deciduous central incisor; probably from some trauma suffered while at play. After the swelling had subsided, I removed this tooth, which had already become loose and discolored. I should appreciate your answers to the following questions concerning this case:

1. What, if any, malformation of the permanent incisors should I expect? Could anything be done to prevent any such developments?

2. Will the upper left central (permanent) erupt much sooner because of the missing deciduous tooth? If so, about when will that be?

3. For the sake of appearance, could the missing left deciduous central be replaced with a three-quarter cast crown on the right central? Is a deciduous central root strong enough to support such a case?—A. N. E., Illinois.

A.—1. No malformation of the permanent dentition should result from the loss of a deciduous incisor.

2. It is not likely that the time of the eruption of the permanent incisor will be altered by the pre-

A Beautiful

but—

It's no good in the bureau drawer
It may be perfect by every
standard of the prosthodontic
art—yet it is only of value
if it is in the patient's mouth
Whatever the difficulty—
whether anatomical or
psychological—in gaining
all-important patient cooperation
(without which your finest
work may be nullified), let
Wernet's Powder aid in bridging
the difficult gap between

Wernet's

speeds the mastery of the denture

Denture...

final insertion at the chair and complete patient adaptation to the new denture. Used routinely during the first critical weeks, Wernet's soft, resilient, protective cushion improves retention and stability, promotes greater denture comfort, accelerates patient confidence and helps materially to speed the mastery of the denture.

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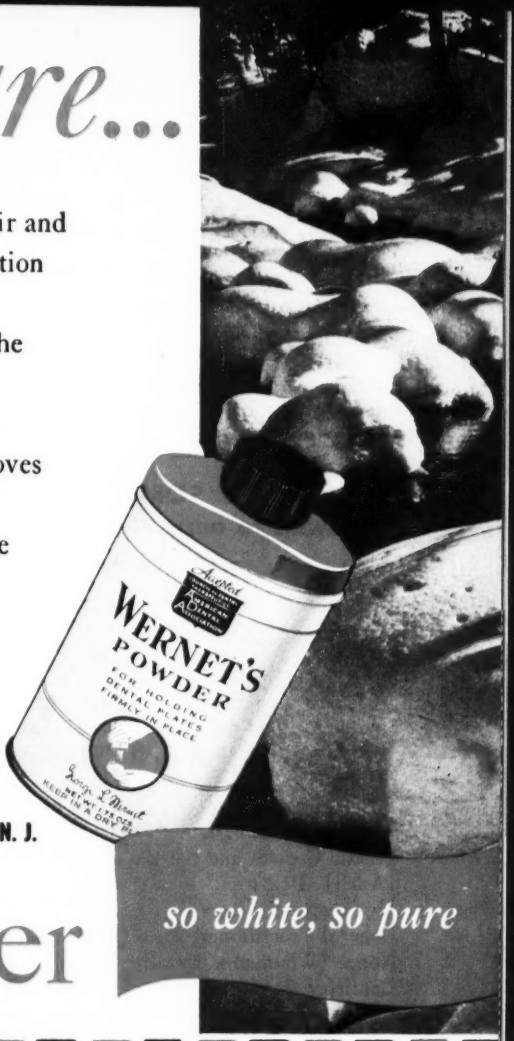

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mature loss of the deciduous incisor.

3. The left deciduous central would no doubt be capable of carrying the right central as a pontic until the root becomes partly resorbed, but is the appearance of great importance in such a young child?—V. CLYDE SMEDLEY.

Silver Nitrate

Q.—I have applied silver nitrate to the labiolingual surfaces of my anterior teeth with the belief that it would be colorless as advertised and not stain my teeth. However, the surfaces are black and I have tried everything in my knowledge to remove the stain. Perhaps you can help me.—C. M., New York.

A.—The so-called colorless silver nitrate must be precipitated immediately and the precipitate washed off or it will stain, so I have been told. You can reduce the present stain somewhat by polishing, and, if as a result of the polishing these areas become sensitive, you can overcome the sensitiveness with 33 1/3 per cent sodium fluoride.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LV

(*See page 560 for questions*)

1. (c) decreases. (Tylman, S. D.: Crown and Bridge Prosthesis, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 740)
2. The lower first permanent molar. (Anthony, L. P.: The American Textbook of Prosthetic Dentistry, 7th Edition, Philadelphia, Lea & Febiger, 1942, page 42)
3. All. (Accepted Dental Remedies, 13th Edition, Chicago, American Dental Association, 1947, page 247)
4. (c) increased. (Phillips, R. W., and Boyd, D. A.: Importance of Mercury-Alloy Ratio to Amalgam Fillings, J.A.D.A. **34**:451-458 [April 1] 1947)
5. True. (Salzmann, J. A.: Orthodontic Therapy as Limited by Ontogenetic Growth and the Basal Arches, Amer. Jour of Orth. **34**:300 [April] 1948)
6. (b) a space maintainer. (Adamson, K. T.: Orthodontics and the General Practitioner, Australian J. Dent. **51**:141-159 [May] 1947)
7. None. (Whymann, Edward: Drugless Pulpotomy in Adults, Ann. Dentistry **6**:125-130 [June] 1947)
8. The presence of cement crystals from a previous mix accelerates the setting time of cement. (Tylman, S. D.: Crown and Bridge Prosthesis, 2nd Edition, St. Louis, C. V. Mosby Company, 1947, page 763)
9. (a) only the anterior teeth are present. (Schweitzer, J. M.: Restorative Dentistry, St. Louis, C. V. Mosby Company, 1947, page 238)
10. No—rare. (Burket, L. W.: Oral Medicine, Philadelphia, J. B. Lippincott Company, 1946, page 339)

Laffodontia

A man sought medical aid because he had popped eyes and a ringing in the ears. A physician looked him over and suggested removal of his tonsils. The operation resulted in no improvement, so the patient consulted another physician who suggested removal of his teeth. The teeth were extracted, but still the man's eyes popped and the ringing in his ears continued.

A third physician told him bluntly, "You've got six months to live." In that event, the doomed man decided, he'd treat himself right while he could. He bought a flashy car, hired a liveried chauffeur, had the best tailor in town to make him thirty suits, and decided even his shirts would be made to order.

"Okay," said the shirtmaker, "let's get your measurement. Hmmmm, 34 sleeve, 16 collar—"

"Fifteen," the man said.

"Sixteen collar," the shirtmaker repeated, measuring again.

"But I've always worn a 15 collar," said the man.

"Listen," the shirtmaker said, "I'm warning you. You keep on wearing a 15 collar and your eyes will pop and you'll have a ringing in your ears."

We heard of a lucky man the other day. He has a wife and a cigarette lighter, and both of them work.

★

Mrs. Battleax to beleagured hubby: "And don't sit there making fists at me in your pockets, either!"

★

A long, lanky hatless individual in a state of joyful inebriation came sailing merrily into the City Hall, and dropped anchor before the window of the Registrar of Births and Deaths.

"Good mornin', gentlemen," he sang out: "I wanna register the birth (hic) of twins."

"Why do you say 'gentlemen'?" asked the man behind the window. "Can't you see I'm alone here?"

"Alone?" shouted the astonished father. "Only one of you? Then I'd better go home and take another look."

★

"Your sister seems to be a sensible woman. Where can I get hold of her?"

"I don't know—she's awful ticklish."

★

"Were you ever up before the Judge?"

"I don't know; what time does the Judge get up?"

★

Mother: "Ethel, Robert brought you home very late last night."

Ethel: "Yes, it was late, Mother. Did the noise disturb you?"

Mother: "No, dear, it wasn't the noise. It was the silence."

★

"Dad, you are a lucky man."

"How is that?"

"You won't have to buy me any school books this year. I have been left in the same class."

No wonder 74.6% of dentists specify

TRUBYTE NEW HUE SHADES

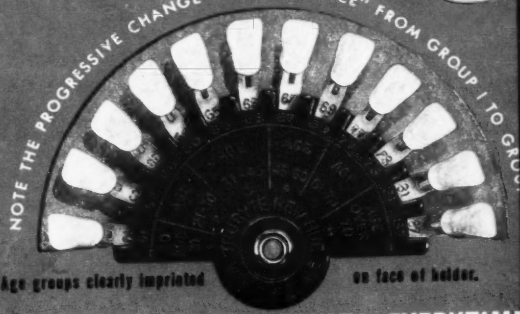
IN the Trubyte New Hue Vitality Scale, a definite relationship has, for the first time, been established between the age of the patient and the darkening or loss of brightness in natural teeth.

BLENDED LIKE NATURAL TEETH. When patients see the lifelike naturalness of Trubyte New Hue Shades, it is easy for them to understand why the dentures you make escape detection.

Thin at the gingival, gradually thickening towards the incisal to reproduce the graduated enamel layer of natural teeth, Trubyte New Hue Shades are the result of proper blending of enamel and body colors. This is just another reason for the controlled natural shading and translucence of Trubyte New Hue Shades.

TRUBYTE ACRYLIC TEETH ARE AVAILABLE IN THESE TRUBYTE NEW HUE SHADES: 65 66 67 68 77 81

50 Anniversary



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for your porcelain and plastic restorations.

THE [illegible] SUPPLY COMPANY OF NEW YORK

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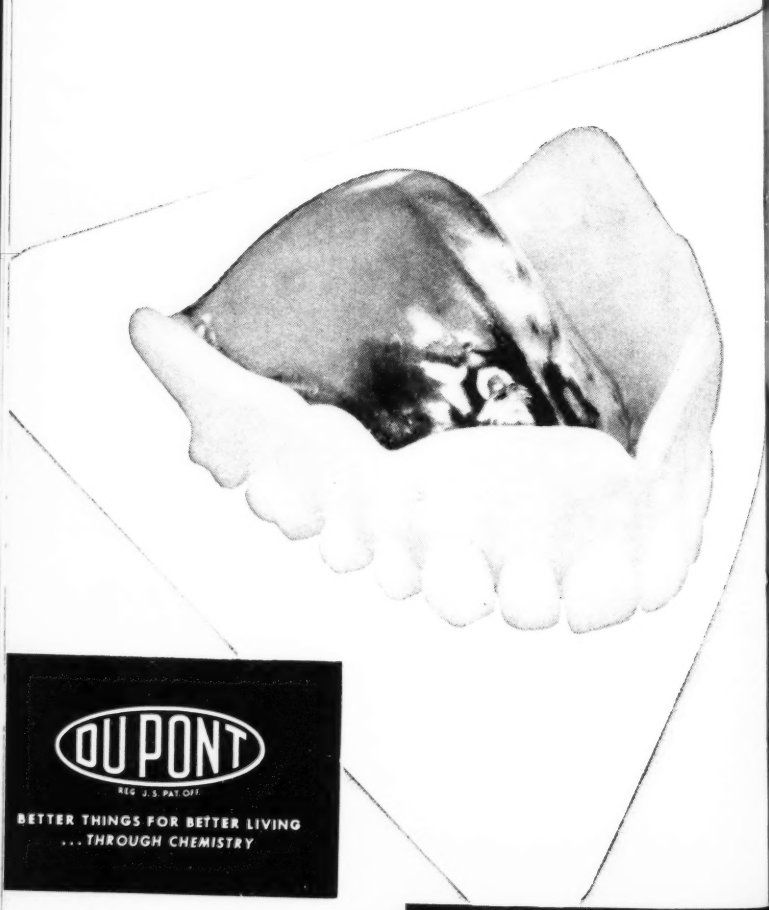

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...THROUGH CHEMISTRY

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FOR EXCELLENCE IN DENTURES, IT'S THE COMBINATION OF QUALITIES THAT COUNTS

Thousands of dentists all over the country specify dentures made with Du Pont "Lucitone" acrylic resin base, because "Lucitone" combines the best in qualities desired by dentists, laboratory technicians, and patients.

Before its introduction, careful research went into the development of this composition. From the very beginning, "Lucitone" has been the leader in its field. And it continues to set the standards of excellence for denture materials. Du Pont scientists are constantly at work in the improvement of this denture base. Today, the gratifying results make "Lucitone" first choice of more and more dentists. Laboratory technicians, too, choose "Lucitone"—for its superior processing characteristics.

Next time you order a denture, remember: **year after year... Du Pont "Lucitone" is your assurance of the best in dentures.**

The best dentures require this combination of properties. You'll find them *all* in "Lucitone"

Lifelike Appearance. Naturally attractive. Color unchanged by exposure to light, food substances, and oral fluids.

Translucency. Mottled, translucent tissue tone blends with natural gingiva and provides a lifelike match.

Purity. The finest materials are painstakingly processed, tested and controlled to assure uniform purity.

Strength. Withstands flexing, bending, and other stresses in the mouth. Resists sudden blows and falls.

Abrasion-Resistance. Retains high polish and natural beauty because of resistance to scratching and pitting.

Dimensional Stability. Will not become distorted and lose shape. Withstands strains caused by chewing.

Freedom from Odor and Taste. Pleasant to wear. Won't become tainted by food and liquids in the mouth.

"LUCITONE" is the trade-mark for Du Pont acrylic resin denture material. "Lucitone" is distributed exclusively by the L. D. Caulk Company, Milford, Delaware, who will furnish literature on request.

n Lucitone" **Sets the standards for denture materials**

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- SIMPLE, EFFECTIVE TECHNIC
- DURABLE — ODORLESS — TASTELESS
- IMMUNE TO MOUTH FLUIDS AND FOODS

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...cal properties it compares very favorably with ...cket and inlay materials. It is easy to handle and ...ate and molds accurately.

...what FASTCROWN can mean to you in patient ...tion and increased practice! Ask your dealer for ...E'S FASTCROWN INTRODUCTORY Kit today!

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Acralite crystal clear crowns complement the esthetic qualities of ACRALITE FASTCROWN. Ordinary celluloid crown forms are unsuitable as they distort FASTCROWN shades; Acralite CROWNS may be used wherever celluloid crowns were used formerly—with far superior esthetic results!

PRICES

1 Doz.	Assorted Crowns	$ 2.00
4 "	Box Assorted	7.65
10 "	Assorted in clear plastic containers	20.00

AN ACRALITE CROWN + FASTCROWN = AN ACRYLIC TOOTH

...CRALITE • SUPERIOR PRODUCTS *for* MODERN DENTISTRY

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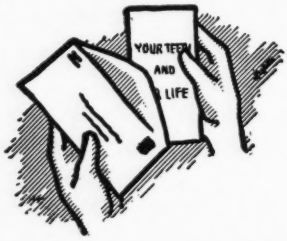
One practitioner in Georgia has ordered 100 *copies of "Your Teeth and Your Life" every month since February* 1943!

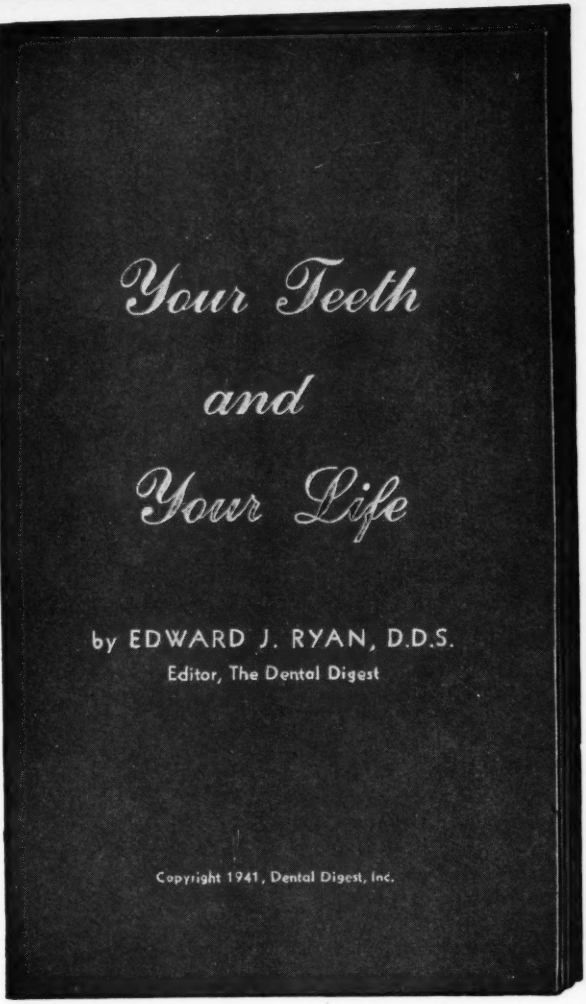
The continued demand for "Y Teeth and Your Life" has nece tated another reprinting. Co now printed total *one-half milli* Actual sales total over four hund thousand copies.

If you are not using this ethical p tient-education material in yo practice may we urge you to do now? It is written and illustra so that your patients can rea assimilate its message . . . *the va of periodic dental care and the d gers of neglect.* One practitioner writes: "Your booklet entitled Y *Teeth and Your Life* is one of the finest pieces of literature for the p tient that I have come across. In fact I think so much of it that I a mailing it to my patients regularly."—H. A. T., Philadelphia. This a typical comment . . . it is the rule rather than the exceptio

"Your Teeth and Your Life" can be used in many ways in *your* pra tice: (1) in the reception room; (2) as a statement enclosure; (for patients upon dismissal; (4) distribution to Parent-Teach groups; (5) distribution to childr by school dentists; (6) enclos with patient recall cards.



Ethical patient-education mater of this high type is worthy of di tribution in your practice. Why n order a supply now? The cost negligible.



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ental Digest, 1005 Liberty Avenue, Pittsburgh 22, Pa.

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...doesn't hurt!"

SMALL wonder other business waits . . . the boss has just come from the dentist! And he won't rest until he's had his say about that tooth!

"My dentist doesn't hurt" speaks volumes for the **dentist** — for with those words the patient passes judgment on his skill. That this judgment is so highly favorable is due in no small measure to Novocain-Pontocaine-Cobefrin. For this man's dentist, like so many of his fellow-practitioners, knows that "N.P.C.'s" deep, dense, lasting anesthesia — produced without perceptibly decreased patient-tolerance — is ideally suited for all operative procedures.

If you want to hear "My dentist doesn't hurt" from **your** patients, make sure **you're** using "N.P.C."

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"the Difference is Distinctive"

A FRANK DISCUSSION OF DENTURE CLEANSING

The good dentist always has the best interests of his patient at heart. That is why those factors which govern his recommendations in oral hygiene—denture cleansers, let us say—are so important. There's POLIDENT, for instance. Does it conform with his idea of what a good cleanser really ought to be? Does he judge it the best way for meeting a specific patient-need? *Let's see.*

POLIDENT—it may be said categorically—is efficient, safe, inoffensive, and prompt in its action, and easy to use. Because of these qualities, more dentists (according to independent surveys) are recommending it *than any other denture cleanser.* They've tested it . . . and they've found it *good.*

The twin keys to POLIDENT's efficiency are denture-soaking and chemistry. It dispenses with brushing, abrasive powders, and friction altogether. By acting unaided on dentures immersed in an aqueous solution, POLIDENT surpasses soap and water and all other detergents as such. Moreover, *it removes stains* by releasing nascent oxygen. Whether the water is hard or soft, POLIDENT is equally effective.

The soak-and-rinse procedure minimizes denture-handling, too. *That's why* POLIDENT *is so safe.* Through its use the breakage of expensive dental plates, which so easily slip from the hand in vigorous brushing, is virtually obviated. POLIDENT, too, eliminates the danger of brush-abrasion of surface polish, and thus protects the delicate ridges of a carefully moulded fit.

It takes only fifteen minutes of soaking, plus a moment's rinse, for POLIDENT to do a thorough cleaning job—without any effort whatever. Nor is the process offensive. Quite the contrary—for by dissolving odor, mucin, discoloration, and food debris, POLIDENT enables the patient or the nurse—with minimum handling—to secure a clean, sparkling, odor-free denture.

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Send me a supply of POLIDENT samples for office use.

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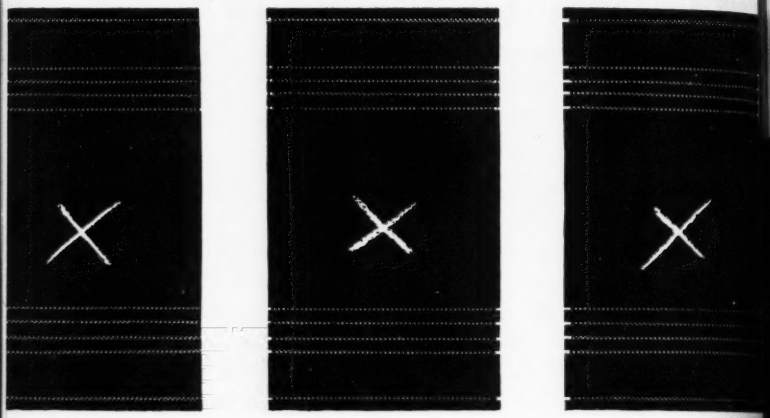

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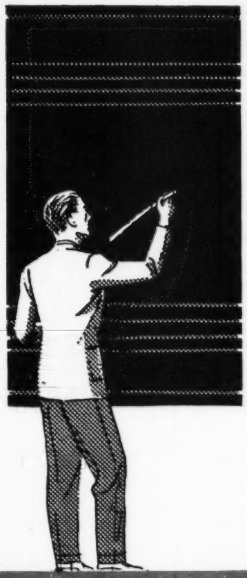

ade from selected ingredients only!

ow skillfully you take an impression, how carefully your technician akes the denture, or even how expertly we treat and blend ingre-dients, the resultant denture can't be 100% satisfactory if the original ingredients leave something to be desired.

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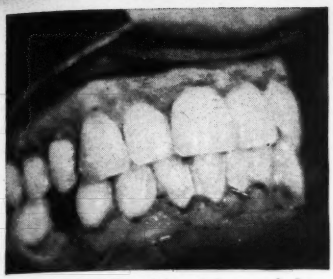
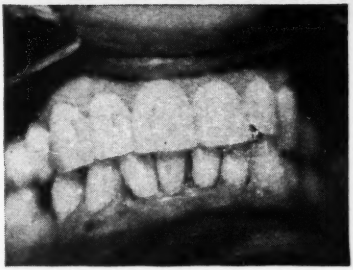


Severe periodontitis of 3 years' duration. Swelling, bleeding and foul odor were present. Due to painful condition, patient could not brush teeth.



Instrumentation and Chloresium Dental Therapy caused rapid healing with symptomatic relief. Normal tissue tone restored and patient cured in 30 days.

In severe periodontitis
CHLOROPHYLL HEALED
where other methods of treatment failed

● The case shown above is typical of hundreds which resisted other methods of treatment—until Chloresium therapeutic chlorophyll preparations were used. The record shows that the great majority of them not only *responded rapidly* to Chloresium's chlorophyll therapy, but *healed* in relatively short time.

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In addition to promoting rapid healing, Chloresium is particularly valuable in its unique ability to deodorize foul-smelling oral conditions. It helps to control superficial infection and gives prompt symptomatic relief.

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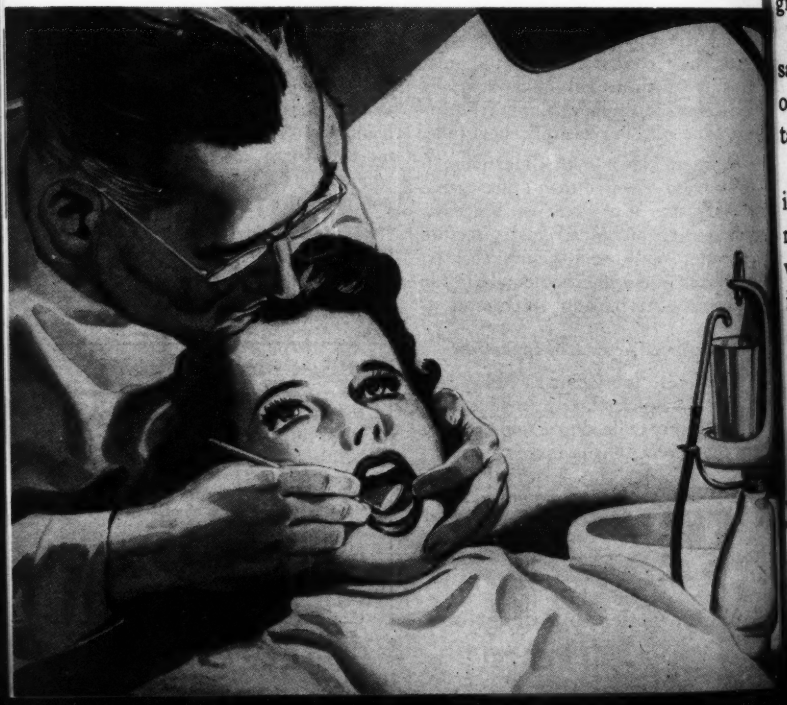
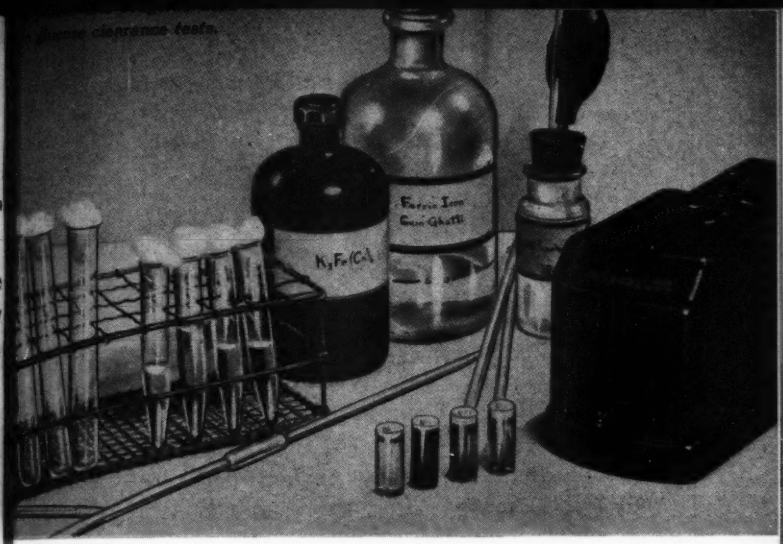
Gum Chewing Rapidly Clears Oral Glucose....

TESTS UNDER MOST RELIABLE AUSPICES have shown that chewing gum possesses the ability to clear glucose and sucrose quickly from the oral cavity. (Dentyne Chewing Gum was used in these tests).

Volker and Pinkerton found—in fact—that "when introduced in the form of chewing gum, the clearance of these materials from the mouth is most rapid when compared with glucose ingested in other common confections and foodstuffs."[1] Indeed, "chewing gum in spite of the



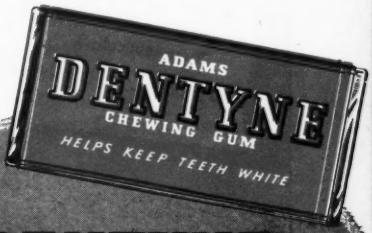


incorporation of glucose in a solid and persistent base gives low glucose values after the first minutes of use."[2]

As these investigators conclude, "it follows that if the salivary glucose level is of importance in the causation of caries, gum chewing would have a minimal detrimental effect."[3]

These arresting observations (following original studies with control subjects) add a good deal of weight to many dentists' own empiric findings as to the safety and value of Dentyne Gum for routine pre- and post-prandial indulgence by both children and adults.

1. Volker, J. F. and Pinkerton, D. M.: J. D. Res. 24:203, 1945.
2. Volker, J. F. and Pinkerton, D. M.: J. D. Res. 26:225, June 1947.
3. Volker, J. F.: J.A.D.A. 36:23, Jan., 1948.



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FOR RAPID DISINFECTION OF INSTRUMENTS

Chlorophenyl

affords a potent and highly practical medium for DENTAL OFFICE use

This powerful disinfecting solution is free from phenol (carbolic acid) and mercurials. It is a chlorinated phenyl compound that is unusually effective in its rapid destruction of commonly encountered vegetative bacteria (except tubercle bacilli) as shown in the chart.

PRICE Per Gallon . . $5.00
Per Quart . . $1.75

Check these additional features—

1 Non-injurious to metallic instruments or keen surgical edges.

2 Low volatility . . . will not irritate eyes, nose or throat.

3 Will not stain fabrics, skin or tissue.

4 Will not dry and fissure hands or skin areas if exposed repeatedly. (Chlorophenyl is not to be used therapeutically.)

5 Stable . . . will retain potency over long periods.

B-P instrument container No. 300 is recommended as the ideal office container for use with the Solution.

Compare the killing time of this superior bactericidal agent

Vegetative Bacteria	50% Dried Blood	Without Blood
Staph. aureus	15 min.	2 min.
E. coli	15 min.	3 min.
Strept. hemolyticus	15 min.	15 sec.

ACCEPTED AMERICAN DENTAL ASSN.

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Danbury, Connecticut

B-P

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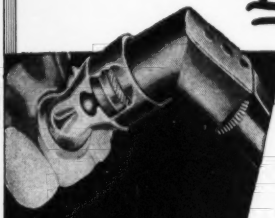
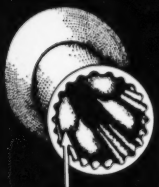


Controlled Lip-Action



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An exclusive feature for thorough cleansing and polishing of the teeth.

You get:

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when you use the polisher with the heavy Reinforcing Rib construction built right in the cup . . .

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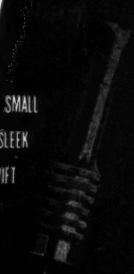

SMALL
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Saves your regular handpiece for your precision work. Expressly designed for reception of Denticator Polishers

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24 Hour Handpiece Repair Service

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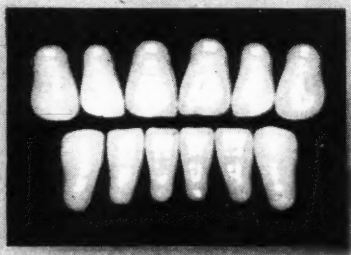

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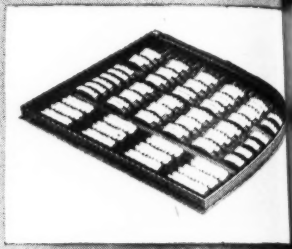
The labial characters and carvings of Five-Phase Anteriors reproduce *nature's* patterns.

exclusive with FIVE-PHASE ANTERIORS



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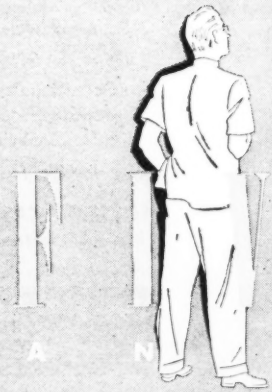

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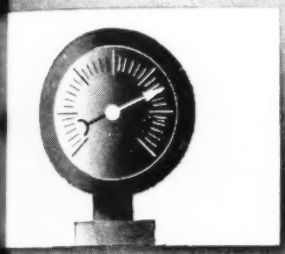

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know by experience or certainly by reputation that famous -chrome Porcelain is by far strongest dental porcelain le—that it has the depth, retion and translucency of an tooth structure.

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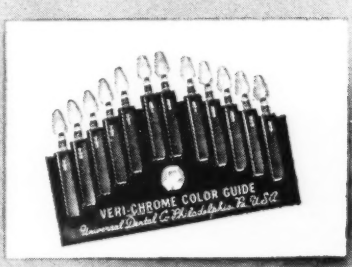

NATURAL TOOTH COLORS

Veri-chrome Colors are *Natural Tooth Colors*—presented in a scientific system that helps you to match and select tooth colors expertly, quickly! Further, their color brilliance is controlled to assure harmony of blending with human teeth.

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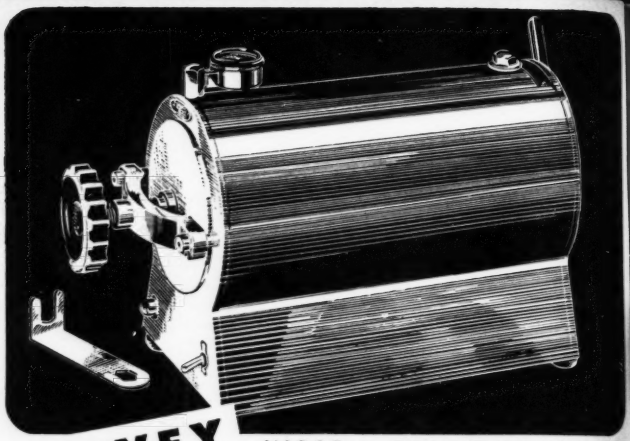

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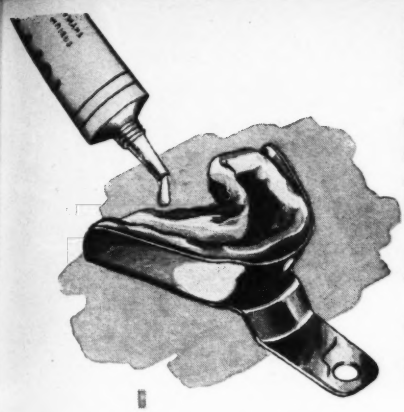

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Reduces professional time by 50%
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Contains 2% sodium fluoride *in solution*
Provides a visible, adherent coating
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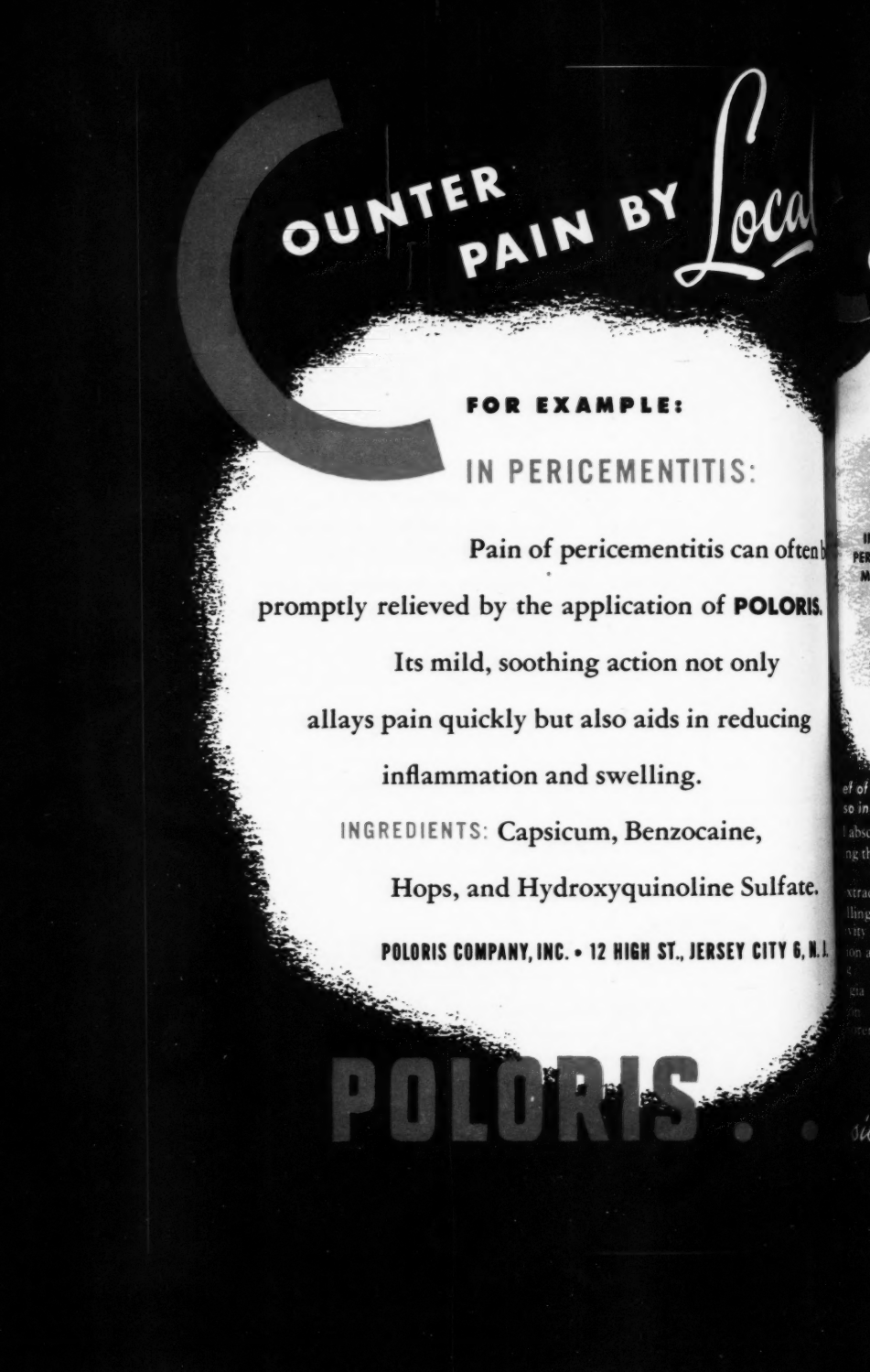
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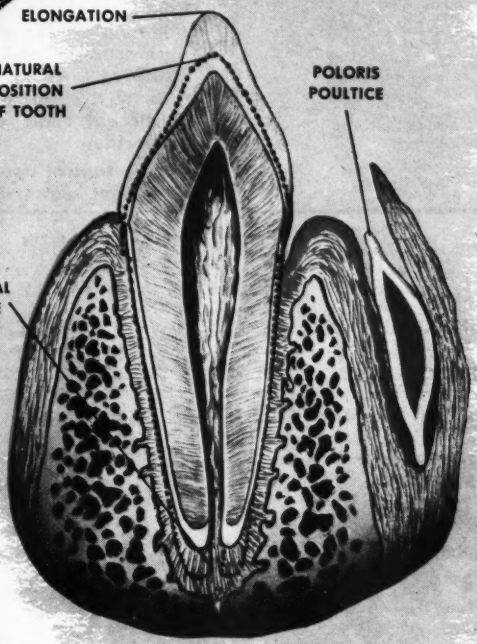

Poloris moistened in water and applied buccally or labially, usually relieves pain of pericementitis due to its prompt stimulation of local circulation. *Professional supply of samples* may be obtained by writing to Poloris Co., Inc., 12 High Street, Jersey City 6, N. J.

39-D

sicum-Benzocaine Dental Counterirritant

An Important Guidepost

ontinuous good nutrition, from in-ncy on, still stands as the most de-ndable guidepost for sound teeth and ms. When the nutrient intake must improved toward that end, and after treme oral surgery when mastication esents difficulty, the multiple dietary pplement, Ovaltine in milk, is par-ularly serviceable.

1. **The protein** of this delicious od drink—Ovaltine in milk—is of gh biologic value, supplies all the in-spensable amino acids required for ssue maintenance and growth and her physiologic needs.

2. **Its contained vitamins and minerals** provide excellent amounts of vitamins A and D, ascorbic acid, niacin, riboflavin, thiamine, calcium, copper, iron, and phosphorus.

3. **Its carbohydrate energy** is promptly available for utilization.

4. **Its easy digestibility** makes for ready absorption of its nutrients.

5. **Its delicious flavor,** appealing alike to children, adults, and the aged, makes it acceptable even when other foods may be refused.

6. **Its multiple nutrients,** in kind and amount, make Ovaltine in milk a highly efficient dietary supplement.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Ovaltine

Three servings daily of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B_1	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

*Based on average reported values for milk.

LOOK TO *Austenal*

FOR PRODUCTS AND TECHNIQUE

STRENGTH

MICROMOLD TEETH

A PRODUCT OF AUSTENAL RESEARCH

ARE THE STRONGEST PORCELAIN TEETH AVAILABLE TO THE DENTAL PROFESSION TODAY

PRESCRIBE MICROMOLD TEETH THROUGH

ENHANCE YOUR PRACTICE WITH MICROMOLD TEETH AND OTHER PRODUCTS OF *AUSTENAL RESEARCH

Research. . . AR*

THAT INSURE CHAIRTIME CONSERVATION

VITALLIUM—The original and *best* cobalt-chromium alloy

MICROMOLD TEETH—Natural tooth reproductions in both porcelain and plastic.

MICROCAST PROCESS—A precision casting technique for Vitallium.

VITALON—A methyl-methacrylate complying with A.D.A. specification No. 12.

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AUSTALON—An original vinyl-ethenoid resin development.

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PRESCRIBE THROUGH YOUR VITALLIUM DISTRIBUTOR . . . ever alert to YOUR PROSTHETIC NEEDS.

over 50 years America's favorite

whole wheat breakfast!

Delicious, nutritious... all the goodness of the whole wheat berry, including the wheat germ and bran.

NOW! 1-MINUTE COOKED CEREAL!

Crumble two biscuits in 1 cup salted, boiling water and cook one minute, stirring constantly.

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BAKED BY NABISCO
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Important progress
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daily oral hygiene

Neutrox combines for the first time, the benefits of *active oxygen* with polishing agents in a form *safe for daily home use.*

As a Daily Dentifrice, Neutrox actually helps the tooth brush do a better job . . . remove surface stains from the teeth . . . improve gingival tone . . . leave the mouth in a cleaner, healthier condition.

As a Therapeutic Home Rinse to supplement your office care of gingival infections, Neutrox provides more oxygen than sodium perborate, USP, in *non-irritating* solution (no alkali burn).

Now More Than One Million Packages have been distributed . . . all as a result of original prescriptions or recommendations of dentists. *Your* patients would probably appreciate knowing about it, too.

Send for professional samples

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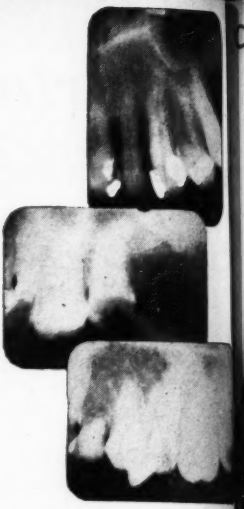
VICK CHEMICAL COMPANY
122 East 42nd Street
New York 17, N. Y.

*Exclusive Formula**
OXYGEN in a form SAFE for daily home use
***U. S. Pat. No. 2094671**

say FR for Finer Radiographs



FR X-RAY DEVELOPER—A crystal-clear developer which produces brilliant radiographs of superb quality and diagnostic detail. Long-lasting. Concentrated—simply add water and use.

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FR X-RAY ACID FIXER AND HARDENER—Laboratory tested for permanency. A concentrated solution that's easy to dilute and use.

Made by THE FR CORPORATION, 951 Brook Ave., New York—serving dental darkroom needs for over a decade.

Distributed by KERR MANUFACTURING CO., Detroit, Mich.

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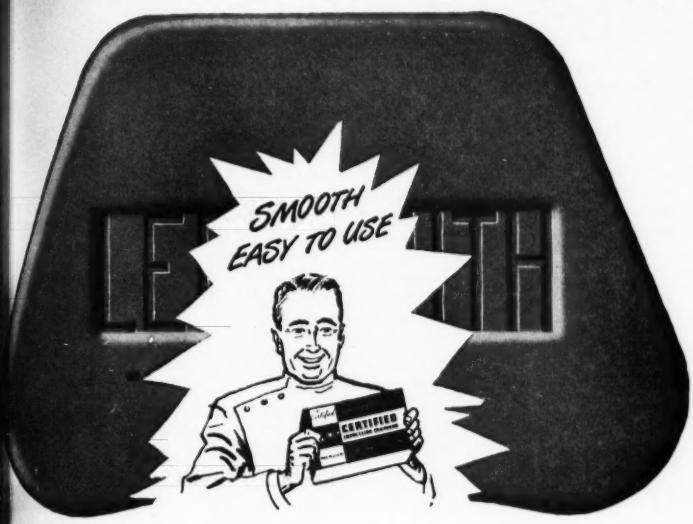

ALL-PURPOSE RED IMPRESSION COMPOUND

s preferred because:

- **It molds easily**
- **Can be worked fast**
- **Has the proper flow**
- **Requires little kneading**
- **Hardens promptly**
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ndicated for general prosthetic procedure, CERTIFIED IMPRESSION COMPOUND works in the range of 132° to 138° F. Whether you use it in he full compound technique or with a corrective such as Krex or Imprex, ou will like the results. You have to use CERTIFIED IMPRESSION COM-OUND to appreciate its fine qualities.

ORDER from your dealer TODAY

LEE S. SMITH & SON MFG. CO., PITTSBURGH 8, PENNA.

HOT-R-COLD PAK

for hot or cold applications

HANDIER
LIGHTER
MORE COMFOR

no hot water to spill . . .
no ice to fill

For a hot application, place Hot-R-Cold Pak in hot to boiling water for 4 to 5 minutes. For a cold application, place Hot-R-Cold Pak in the freezing compartment of a refrigerator until the harmless chemical inside Hot-R-Cold Pak becomes slushy. The chemical prevents Hot-R-Cold Pak from freezing solid, so Hot-R-Cold Pak is always flexible, and fits snugly or wraps around any part of the body. Hot-R-Cold Pak is light (1 lb.) for minimum pressure on affected areas. It holds heat or cold as long as will a similar volume of hot water or ice.

Hot-R-Cold Pak is made of durable, non-tearing and non-cracking Vinylite plastics and is electronically sealed to make it leakproof, even under heavy pressure. Patients can lie on it or wrap and tie it tightly around affected areas without fear.

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Post Operative Pain
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Use OGDENITE

Prompt relief. Tried and proven thousands of times. An effective Surgical Paste. W not dry out. Order direct or through your dealer—$2.00 per ½ oz. Jar. Used ov twenty years.

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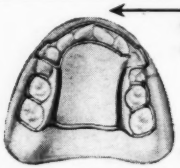

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We feel confident once introduced to LAB-GLU and SCENT-IT you will continue as a pleased, regular user.

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Clip this ad today and send it to us together with your check for $3 or name of your dealer through whom we are to bill. (This offer valid until May 15, 1949.)

KALMOR Manufacturing Co. Box 3830 Cleveland 10, Ohio

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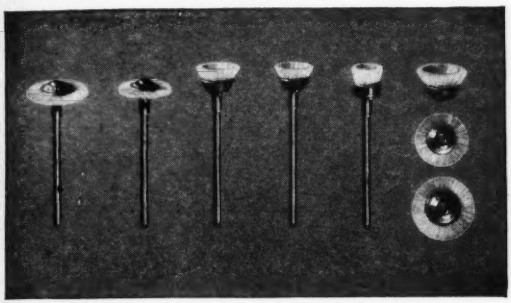

Throughout industry buffing and polishing wheels provide fast, effective, easily controlled brushing action by utilizing the rapidly revolving *outer* edge of the wheel.

In dentistry, Robinson's Bristle Discs are famous for their efficiency—because they operate on this same principle. The revolving disc action enables the *ends* of the bristles to penetrate and thoroughly clean all the crevices and irregularities of the teeth. This same whirling action carries the polishing material to the point of contact and air cools the brush. As only light pressure is required and very little heat is generated, patients feel more comfortable.

Robinson's Bristle Discs repay their slightly higher initial cost many times over in better satisfied patients. Order them from dental dealers everywhere.

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Doz.	$1.00
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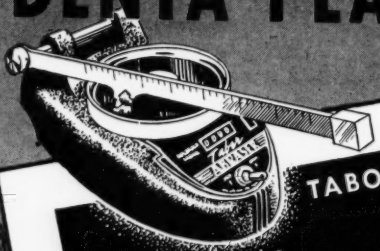
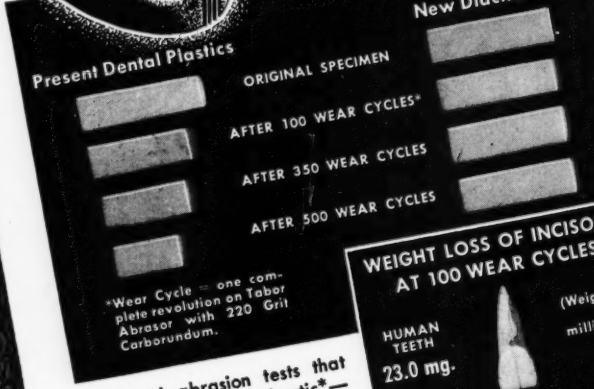
NEARLY A CENTURY OF SERVICE TO THE DENTAL PROFESSION

DENTA PEARL TEETH

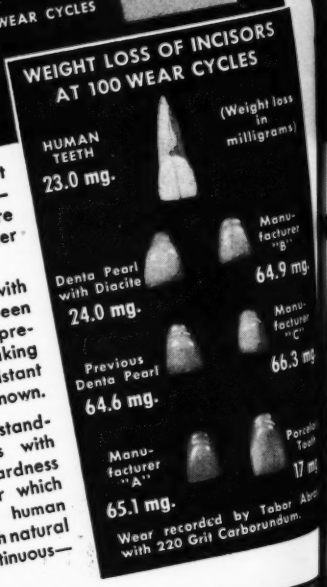


TABOR "A-HARDNESS"



*Wear Cycle = one complete revolution on Tabor Abraser with 220 Grit Carborundum.

WEIGHT LOSS OF INCISORS AT 100 WEAR CYCLES



Wear recorded by Tabor Abraser with 220 Grit Carborundum.

By actual abrasion tests that are constant and authentic*—Diacite proves 3-5 times more abrasion resistant than any other dental plastic.

This revolutionary material (with which Denta Pearls have been made for several months) presents the possibility of making plastic teeth far more resistant to wear than any ever known.

Justi, however has set the standards for Denta Pearls with Diacite at a point of hardness and resistance to wear which is nearly identical to human enamel. So, balance with natural teeth—perfect and continuous—is a reality at last.

*Send for test data and Diacite paper.

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Mold by FRAME HARMONY

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DIACITE!

A NEW PLASTIC DEVELOPMENT BY JUSTI RESEARCH

IANY TIMES MORE WEAR RESISTANT THAN ANY OTHER DENTAL PLASTIC

O OTHER TEETH (porcelain or plastic) can offer . . .

- **WEAR RESISTANCE** —close to, but not more than, human enamel (Tabor A-hardness).
- **SURFACE TEXTURE** —kind to tissues and opposing teeth.
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- **HARDNESS**— close to, but not more than, human enamel (Rockwell M).
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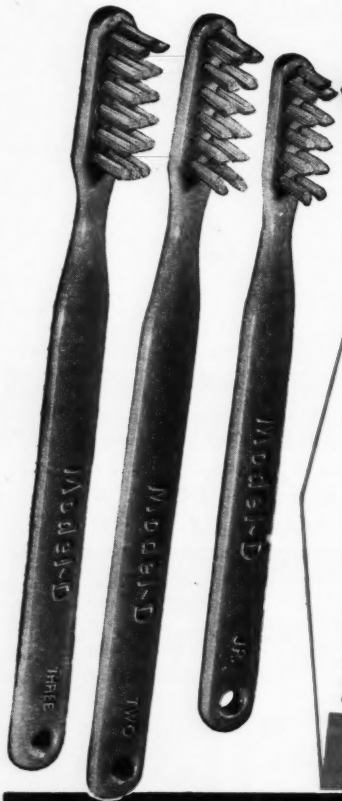
Products for Better Dentistry

H. D. JUSTI & SON, INC., PHILADELPHIA 4

Your Choice of Bristle in Model D Tooth Brushes.



PRE-WAR QUALITY NATURAL BRISTLE OR SMOOTH TIP CU-LON* BRISTLE

Whichever bristle you prefer to prescribe for your patient, you can be sure of a better tooth brush when it's Model D. Now pre-war quality natural bristle is available. Or, if you prefer nylon, Model D's Cu-Lon* Bristle is preferred because of its smooth tips.

Available in three sizes, the 3-row, the 2-row and the Junior for children, all with reinforced end tuft, flat brushing surface and the extra long handle.

We are offering you up to 6 brushes of each style with your name stamped in gold on the handle for only 20¢ each (to cover handling costs). Take advantage of this Model D Offer *Now.*

*Cu-Lon Bristle is specially processed from selected DuPont Nylon.

USE THIS COUPON

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Size: ☐ 3-Row ☐ 2-Row ☐ Junior ☐ Natural Bristle ☐ Cu-Lon Bristle

Dr. _____

Address _____

City _____ Zone _____ State _____

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Now available in both Minimax X-Ray Films and Tooz, the 2-in-1 X-Ray Films.

For convenience each film is embossed with a dot (•) for easy identification of the buccal aspect or tubeside.

The Minimax Co., 5905 N. Clark St., Chicago 26, Ill.

EXPOSURE CHART	Time in Seconds	
	Angles	Medium Jaw
Upper Molars	25-30	1
Upper Bicuspids	35-40	1
Upper Cuspid and Lateral	45-50	½
Upper Centrals	45-50	½
Lower Molars	0-5	½
Lower Bicuspids	10	½
Lower Cuspids	20	½
Lower Incisors	15-20	¼

PRICES
(Maximum speed at minimum cost)

Extra Fast Minimax X-Ray Films, Safety Blue Base
Singles "EFS" (1 film per packet)
1 Gross $4.50
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Regular Slow and Intermediate Blue Base emulsions are also available in both Minimax X-Ray Films and Tooz X-Ray Films.

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144 PACKETS EFS 1 FILM EACH
EXTRA FAST
DOUBLE COATED SAFETY BLUE BASE
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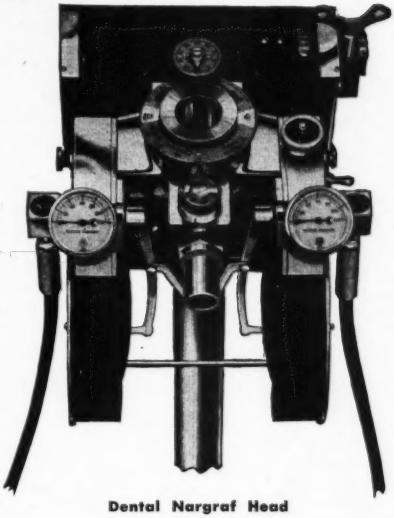
NARGRAF EUTHESOR

EASOR



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Patients Are Thankful for This Quick Easy Anesthesia or Analgesia

The very appearance of the Nargraf Anesthesia Machine inspires confidence in the patient—confidence that dental work will be accomplished with minimum discomfort while the patient sleeps. Most popular too, is the patient-control bulb by which the patient himself administers analgesia.

Nargraf's quicker and easier anesthesia is a great favorite among dentists. Its intermittent flow principle coordinates the flow of gas with the patient's respiration and assures a steady flow of gas under unvarying pressure with every inhalation.

Your dealer will gladly supply complete information. Phone him at your first convenience or drop us a card or letter for our Nargraf Catalog.

McKesson APPLIANCE COMPANY
TOLEDO 10, OHIO

why neglect esthetics

in posterior fillings ?

It's not only in anterior restorations that "looks" are important. Appearance counts

No. 1 Package . . .

It's not only in anterior restorations that "looks" are important. Appearance counts heavily in many posteriors, too. Patients fail to appreciate good dentistry if the mirror fails to flatter. Di-Cem No. 1 answers this problem. It offers extremely high compressive strength *plus* the esthetic advantages of a silicate. It is adaptable in manipulation, prompt in setting. Especially indicated under clasps, instead of metal, to avoid galvanic action. In four pre-blended shades.

No. 1 Package . . .
$7.50
4 powders,
1 liquid,
and shade guide.

DI-CEM No. 2

Recommended for all cementation
Low solubility. Permanent translucence. For cementing crowns, inlays, and bridges of acrylic, gold, and porcelain. Sets hard, promptly. In six shades.

DI·CEM

For modern materials call on *Caulk* Milford, Delaware

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Dust Collectors

Improve Laboratory working conditions and recover valuable metal dusts with Torit Dust Collectors.

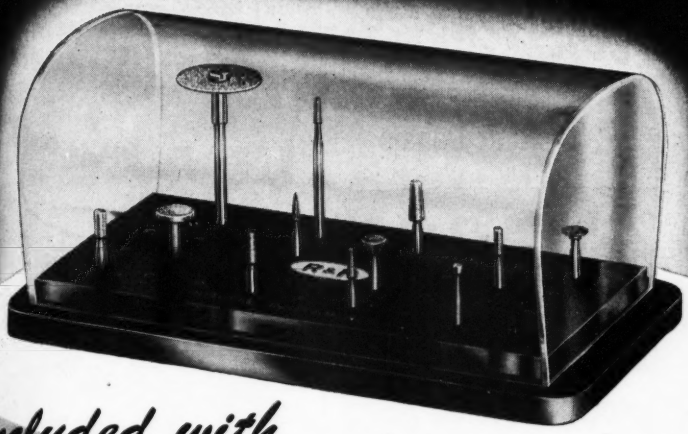
Guard against dust laden air from grinding and polishing wheels. It reduces efficiency and can injure delicate equipment and precise dental work.

Install a TORIT Dust Collector. The neat, compact cabinet contains a motor, blowing wheel, filters and a dust tray—ready to connect with piping from hoods or lathe splashers.

Four sizes make TORIT Dust Collectors adaptable to every dental laboratory need. They are easy to install, economical to operate, and the special filter arrangement makes recovery of valuable metal dusts a simple matter. The sale of these metal dusts will make a TORIT Dust Collector pay for itself within a short period of time.

TORIT Dust Collectors are now available for prompt shipment. For information and latest Dental Catalog write: TORIT Manufacturing Company, 279 Walnut Street, St. Paul 2, Minnesota.

Torit Dental Products



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STANDARD OR SPECIAL ASSORTMENTS OF

CUTWELL *TriBond* DIAMOND INSTRUMENTS

The attractive transparent plastic case illustrated above can now be obtained without extra charge with the purchase of either the No. 6 or No. 12 standard assortment—or with any selection of six or more Cutwell Diamond Instruments—in addition to getting the instruments themselves at the money-saving ½-dozen or 1-dozen quantity rates. Consult your dealer now.

GUARANTEE

Cutwell Diamond Instruments are designed for use on natural teeth, and when used only for that purpose are unconditionally guaranteed against breakage, peeling, or unsatisfactory performance.

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HELPS PROTECT THE TEETH AND GUMS!

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DE·NICOTEA

Crystal Filter Cigarette Holder

The nicotine and tars trapped by Denicotea *never reach* the oral cavity. Moreover, the smoke is cooled in passage. *Thus cigarette stain and gum irritation are effectively reduced.*

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Sets Hard in a Few Minutes—Prevents Decay

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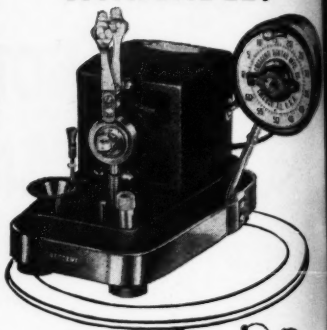

Model No. 3A

the Crescent

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Pat. May 21, 1940

Now . . . you can order this wonder electric-mortar-and-pestle and get delivery within thirty days. Although we have been making Wig-l-bugs in large numbers the demand has exceeded our supply for several years. Today, however, available materials and a stepped-up schedule permit our filling orders within a month.

The Wig-l-bug requires only 7 to 10 seconds to triturate enough amalgam for the average filling. It saves time, prevents waste, produces mixes with a smooth, fine texture. Use it with your preferred alloy.

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This newly developed Kerr Tempering Bath (see photo first left above) enables you to store Hydro-Colloid Tubes and Syringes in the Compound Heater at 140 to 150 degrees, while the compartment for tempering Hydro-Colloid in the impression tray is kept at 115 to 118 degrees.

Thus, Tubes and Syringes are always ready for instant use, and filled impression trays are quickly tempered for insertion into the mouth (see photo top left).

Many dentists are enthusiastic about this Kerr Tempering Bath. You too can enjoy the utility, compactness and day-in-day-out convenience in this new Kerr Hydro-Colloid Unit (see photo at right above).

Complete Unit, Compound Heater or Tempering Bath are available now. Phone your dealer for details today.

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DETROIT 8 *Established 1891* MICHIGAN

Hydro-Colloid Unit

MORE and MORE DENTISTS

Personally Use and Recommend STIM-U-DENTS

—because they produce a combination of cleanliness and healthful stimulation in a most pleasant way and are so convenient to use after meals . . . But aside from this aid to oral hygiene, the widespread acceptance by dentists has found many specific applications, especially the invaluable aid rendered by these marvelous instruments in the treatment of Pyorrhea and Gingivitis . . . Don't overlook STIM-U-DENTS.

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Special packets designed exclusively for professional use (See cut) only $1 for 100 postpaid. Please enclose your professional card and this advertisement with your remittance.

Keep Your Patients Thinking of You.

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Stim-U-Dents are excellent wedges for inlays and other procedures.

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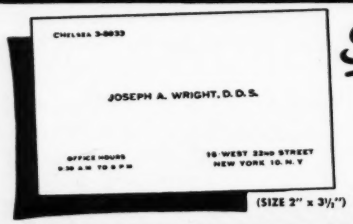

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2,000 ..... 6.65
4,000 ..... 12.75

3.45 PER 1000

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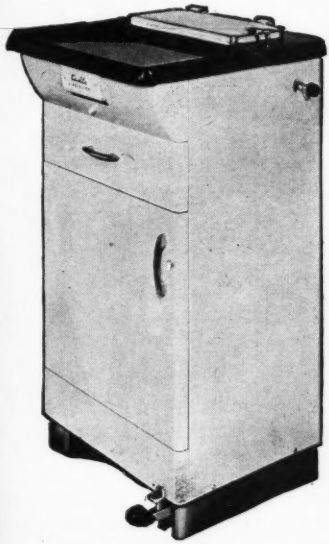
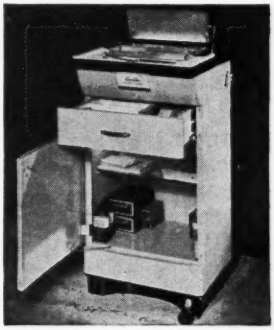
Castle "SPACE-MAKER" STERILIZER

NEW BEAUTY
NEW FEATURES
NEW CONVENIENCE

Enough tabletop space for *two* trays at once . . . new beauty in the solid cast cover!



Duplex drawer has 2 sliding trays, bottle rack, instrument storage space.



Lighted cabinet has glass shelf, ample space for tall receptacles.

Get *all* SPACE-MAKER details from your dealer or write: Wilmot Castle Co., 1109 University Ave., Rochester 7, New York.

Castle PIONEERS SINCE 1883 IN SAFER STERILIZATION

DENTISTS

. . . . you can safely recommend "Accepted"

CRAIG MARTIN

..an ethical tooth paste in which price and quantity are not the measure of quality.

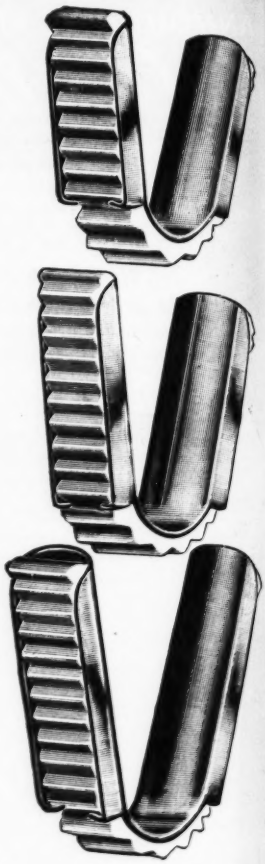
Bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

You can suggest this economical, efficient tooth paste to your patients, knowing that it is now available or can be readily supplied by any druggist you name in coupon below.

GIANT FAMILY SIZE 33c

Comfort Mfg. Co.
500 S. Throop St., Chicago 7, Ill. OH-4
Send samples of Craig-Martin Tooth Paste and Tooth Brushing Charts to:
(Professional card enclosed)

Dr. .....
St. & No. .....
City ..... State .....
Drug Store Name .....
Address .....
(Please print plainly)



HU-FRIEDY PERMA PROP

designed by Dr. O. K. Bullard, San Diego, Cal.

THE HU-FRIEDY PERMA PROP is designed to serve as a permanent prop. "Immunity Steel" of which they are made is non-tarnishable and indestructible renders this prop everlasting.

The pads are made of pure gum rubber, can be sterilized and are easily replaceable.

The design is very practical, as it requires only limited space in the mouth, thus establishing a clearance, providing great comfort in use.

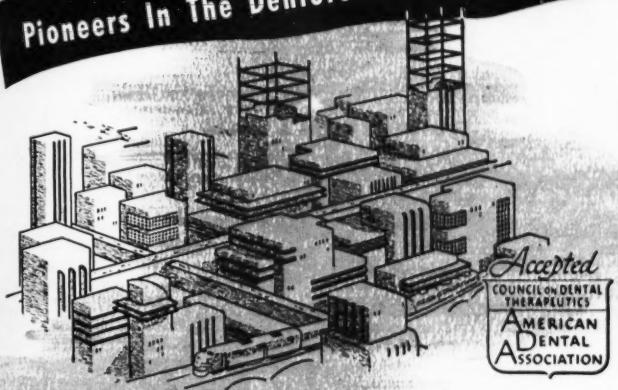
Made in 3 sizes with extra pads furnished with each set.

Available thru all Dental Dealers.

The Hu-Friedy Mfg. Company
3118 N. Rockwell St. Chicago, Ill.

CO-RE-GA

Pioneers In The Denture Adhesive Field



It is indeed gratifying to observe how the profession, in an ever increasing number, recommend CO-RE-GA for those certain indicated cases.

But is it any wonder when you consider the advantages . . . reputation, tradition experience and strength . . . plus quality materials and modern manufacturing.

All are available to you.

Mail this Coupon for Your Supply of Professional Samples

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ADDRESS_____

CITY_____ ZONE_____ STATE_____

COREGA CHEMICAL COMPANY

208 St. Clair Ave., N. W., Cleveland 13, Ohio

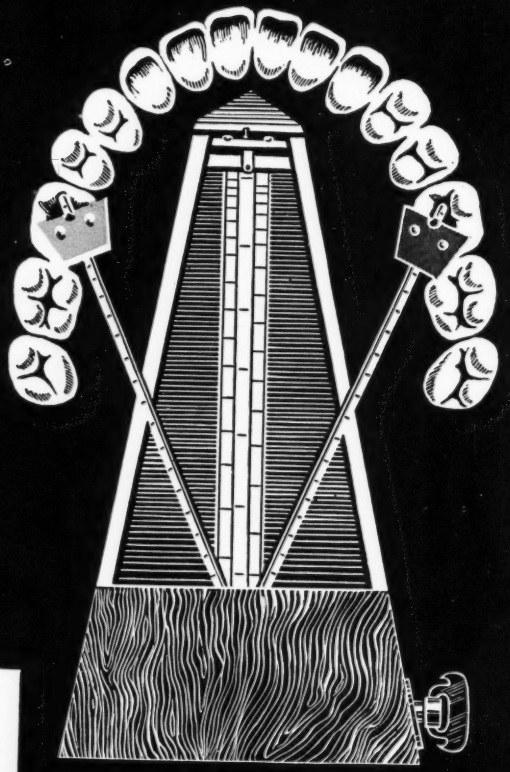
CO-RE-GA IS NOT ADVERTISED TO THE PUBLIC

AMION

the controlled

AMMONIUM ION

tooth powder



PHARMACEUTICALS

ROERIG

J. B. ROERIG AND COMPANY

536 LAKE SHORE DRIVE, CHICAGO 11, ILLINOIS

AMION aids in preventing and arresting caries through the production of ammonium ions in the mouth.

AMION'S active ingredients are carbamide (synthetic urea) and soybean meal (containing urease). One molecule of urease in the mouth converts approximately 120,000 molecules of urea to ammonium ions per minute under normal biological conditions.

AMION releases the ammonium ion which reacts with the acids of the mouth, and helps to dissolve the bacterial plaques which hold accumulated acid-producing bacteria in contact with the teeth.

AMION is pleasant to taste, easy to use, ethically promoted and economical...maintains a higher ammonium ion content under usual oral conditions than other tested formulae.

AMION is different. It follows *Nature's* pattern in the biological production and control of ammonia from urea.

AMION... The scientific formula for AMION was developed in the laboratory of J. B. Roerig and Company, independent of studies conducted in other laboratories.

AMION

J. B. ROERIG AND COMPANY Dept. OH
536 Lake Shore Drive, Chicago 11, Illinois

Gentlemen:
Please send me a clinical trial supply of *AMION* Tooth Powder.

NAME _____ D.D.S.

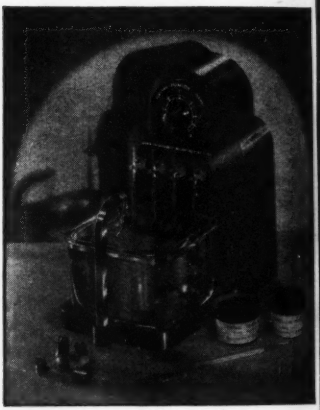
STREET _____

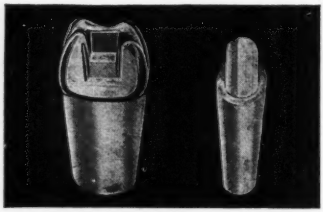
CITY _____ ZONE _____ STATE _____

ELECTRO-FORMED DIES ASSURE YOU OF THE ULTIMATE ACCURACY IN YOUR INLAYS and JACKET CROWNS

● Your painstaking cavity preparation and accurate impression cannot produce a precision fitting inlay or jacket crown unless the die is correspondingly accurate. An Electro-formed copper die provides you with an exact reproduction of that accurate impression, with absolute fidelity to the minutest detail.

Copper, electrolytically deposited in your impression, renders a die with hard and sharp edges, which will not chip or distort during burnishing or swaging... will not change dimensionally, nor will they contaminate or affect gold.





Use electro-formed dies for precision porcelain or acrylic inlays and jackets.

The Hanau Electro-forming technique is simple, will save you time, and reduce your die costs to a negligible minimum.

Hanau Electro-forming Equipment is furnished in two sizes, the "Junior" (above), and the "Senior." Available for AC or DC current, others upon specification. No special connections or wiring, plugs into wall socket. When ordering state available current.

For full information, contact your dealer or write:

HANAU ENGINEERING CO., Inc.
1235 MAIN STREET, BUFFALO, N. Y.
A HANAU PRODUCT FOR YEARS AND YEARS OF PERFECT SERVICE

HIGH QUALITY MATERIALS...

Finely Finished Uniforms

IEN'S TAILORED-TO-MEASURE LINE:

mportant for a distinctive, well-tailored look is the fine tailoring and erfect fit of Manhattan uniforms that are cut to your measure. Available in wide range of styles and materials (broadcloth, Jean Twill, Linene, rayon harkskin, Nylon and various weights of cotton poplins). Choice of sleeve nd garment lengths, collar sizes, fasteners. For details and samples of this omplete line, write for catalog OD-2.

Style 504X

MEN'S READY-TO-WEAR LINE:

For lower price range, we have a Ready-to-Wear line with similar styles but limited in materials—Linene, Poplin or Nylon. For details write for catalog OD-1.

READY-TO-WEAR UNIFORMS FOR NURSES

hown is neat, one-piece model 244, with con-ealed rust- and laundry-proof snaps below waist-ine; puffed sleeves, French cuffs. POPLIN: 7.95. NYLON: $13.95.

Style 244
Sizes 10-42

Write for Catalog ON showing other styles made of Soulette Poplin, Koda Diagonal (Rayon), or Nylon, with range of sizing from 10 to 46.

MANHATTAN UNIFORM COMPANY

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A super filling porcelain..!

This porcelain sets up every time, *as you want it*, if mixed to a uniform putty-like consistency. • It definitely expands under moisture and seals the margins when protected by Baker Surface Fixer until set. • It has less than 1% disintegration using the A.D.A. method of testing. • You select one of the eight natural tooth colors from our new non-metallic shade guide and allow the translucency of our porcelain and the reflection from surrounding tooth structure to complete the esthetic effect. • Blending with the four basic colors is seldom required. • The ideal porcelain for the W. Clyde Davis Cold Slab Refrigerating Cup Technique. The light malleting brings out truer colors.

Passes all A.D.A. specifications.

...le at most of the bet-...tal depots. The com-...combination includes ...ing you need for mak-...rmanent unnoticeable

$30.00

BAKER

FILLING PORCELAIN

...ER & CO., Inc. • 850 Passaic Avenue • EAST NEWARK, N. J.

THE PLACE OF *Candy* IN THE *Balanced Diet*

In a carefully chosen, well balanced dietary providing all essential nutrients in proper amounts, there is adequate provision for foods which do more than merely satisfy nutrient needs—foods which are especially tempting to the palate. Candy is that kind of food.

Supplying valuable caloric food energy, it also imparts to a meal a finishing touch of which few other foods are capable. Candy, with its almost irresistible attraction, need not be denied children or adults providing the dietary is adequate in all other respects. In fact, candy at the conclusion of a meal imparts a feeling of satiety and a sense of having eaten well, both of which enhance the functioning of the digestive processes.

Many candies are made of valuable foods in addition to sugar—butter, milk, cream, eggs, nuts and peanuts—and to the extent these foods are present, candies contribute biologically adequate protein, vitamins, and minerals.

THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk.
2. Sugar supplied by candy requires little digestive effort to yield available energy.
3. Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to this extent also—
   (a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;
   (b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;
   (c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.
4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring; eaten in moderation between meals, they stave off hunger.
5. Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living.
6. Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial.

This Platform is Acceptable for Advertising in the Publications of the American Medical Association

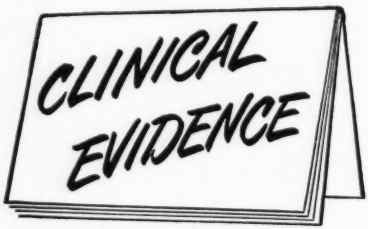
COUNCIL ON CANDY OF THE *National Confectioners' Association*

1 NORTH LA SALLE STREET CHICAGO 2, ILLINOIS

IMPREGNOL 1, 2, 3 a

THE *Dr. Bernhard Gottlieb* TECHNIC OF TOOTH IMPREGNATION

82½% Effective . . Crawford*, in the February issue of the Texas Dental Journal, states "By the use of the described procedure, the caries incidence of 81 people of all ages was reduced 82½% . . . Moisture, the varying resistance of the invasion roads, and the inability to discover the early beginning dentin caries most likely caused the 17½% failure."



CARIES PROPHYLAXIS

In discussing caries prophylaxis, Crawford reports the case of an eleven year old girl . . . "She had been religiously taken to her dentist every three months. At each occasion he would find from two to four new cavities... she was referred to us for impregnation. We checked her history . . . she had eleven new cavities in the year previous . . . It has been eighteen months since her initial impregnation and she has been completely immunized".

DESENSITIZATION

This was effected in a forty-two year old male patient "with the necks of some of his teeth so sensitive that he could not breathe through his mouth, even cool water or food hurt him so badly that it was a problem for him to eat. After one impregnation, his condition was relieved and it has not returned in over a year".

IMPREGNOL is a progessive advance in the chemotherapy for desensitization and the prevention of dental caries and green stain. National Synthetics, manufacturers of IMPREGNOL, are the pioneers who introduced Dr. Bernhard Gottlieb's Technic of Tooth Impregnation to the dental profession.

IMPREGNOL is advertised *only* to the profession and is available at your dealer or direct. It lists at $4.50 for the complete unit (IMPREGNOL 1, 2, 3 and 4). The application of IMPREGNOL is simple and its cost per unit of treatment is negligible.

*BIBLIOGRAPHY . . . CRAWFORD, H. M., Clinical Results of Impregnation, Texas Dent. Jr., V67, No. 2, Feb. 1949, 52-55. GOTTLIEB, BERNHARD—Dental Caries, Lea and Febiger, 1947. GOTTLIEB, B., Texas Dent. Jr., V67, No. 2, Feb. 1949, 48-51.

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Its great strength is more than sufficient to withstand the use and even the abuse to which it may be subjected in the largest and most unusual cases. Nobilium's extreme light weight makes it possible to design and process thin sections, bars and clasps that contribute much to oral comfort and functional efficiency. Nobilium restorations displace a minimum mouth area, provide more tongue room, never interfere with normal enunciation. The density of the alloy and its lasting lustre result in a smooth, highly polished surface to which foods do not easily cling; this keeps appliances fresh and clean.

For all-star performance, for real pleasure for your patients, call your favorite laboratory and specify, "Nobilium."

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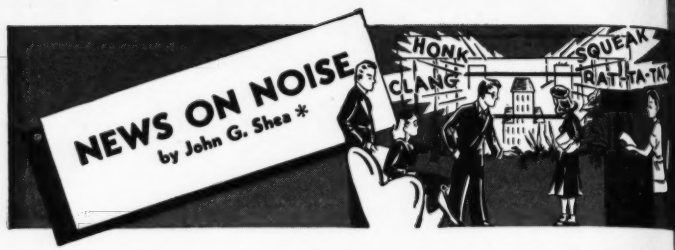
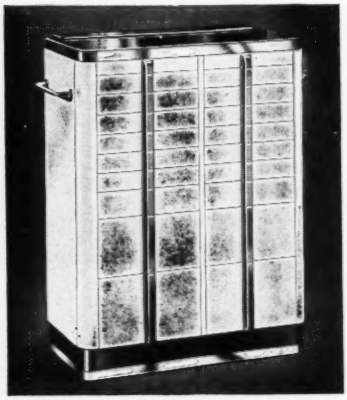


Your patients are extremely sound conscious . . . voices or routine noises from your operatory fill them with apprehension. You, yourself, will be able to work better if your office is free of the irritations of superfluous noise. Here's wh to do:



The cabinet that's always in the right position — move it wherever you need it, American Mobile Clipper Cabinet No. 152.

Tight fitting doors and transoms of so id construction, insulated partitions . . all will help to prevent noise and co versation from being overheard betwe adjoining rooms. In planning your offic keep the reception room apart by sub stantial walls or intervening hallways.

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A noisy dental cabinet, as well as b ing an eyesore, announces its antiqu with squeaking, rattling and bangi drawers. Replace it with a silent Moder *American Cabinet.*

A *Modern American Dental* Cabine makes your office look better, saves yo time, and definitely contributes goo news on control of noise. Send in th coupon for more information.

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80 years, Goldsmith golds have been known throughout the nation for their mpromising quality. They are properly proportioned—metallurgically correct ed by Bureau of Standards methods—comply with A.D.A. Specification No. 5.

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Cover ALL *Inlay Requirements*

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soft, easily bur- d gold for simple that are subject occlusal stress. It cleanly and dense- ith extreme ease, ing sharp mar-

2.08 Dwt.

MEDIUM HARD
Rich Yellow Gold Color
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★ A medium hard burnishable gold for individual restorations and compound inlays, such as 2-surface and 3-surface inlays, where its greater bulk will resist stress of mastication.

$1.97 Dwt.

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★ A hard gold for compound inlays which must resist unusual stress. For bridge abutments, thin-walled three-quarter crowns, pontics. May be feathered without chipping.

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PLANTS: CHICAGO • NEW YORK • TORONTO

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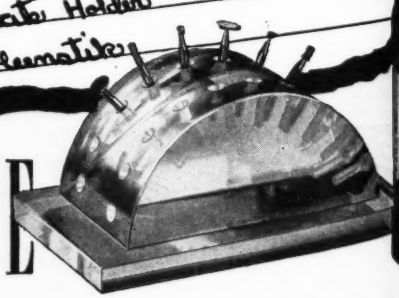

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NEW BUR SHAPES: Star Research pioneers a new technic for applying diamonds to very small areas—thus making it possible to manufacture strong, durable Starlite Diamond Instruments comparable in size to the following bur shapes: #3, 36, 557, 701.

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ld'gest manufacturer of
iamond instruments...

While the example on the opposite page shows in actual figures how the new "Bonus Plan" gives those Doctors who use Starlite Diamond Instruments the equivalent of more than a 33% discount, it is *Starlite quality* that is the *major economy factor!*

For these instruments are known (for more than 10 years) to be the finest made—*the most durable*—with precise cutting efficiency maintained throughout the long life of the instrument.

In addition to the 10% Starlite discount allowed on all purchases of 6 or more diamond instruments, a Starlite Diamond Instrument is given without charge on each purchase of 6—two free instruments are given with each purchase of 11—three free instruments are given with each order for 15. There can be no question that Starlites are far and away the "best buy" from every aspect!

When you order diamond instruments, remember *"you're safe when you specify* STARLITE." Yes, and each Starlite Diamond Instrument Dealer is prepared to offer you a valuable diamond instrument service. Call him for technical literature as well as for your diamond instrument requirements. ★ ★ ★ ★ ★ ★

ONE STARLITE FREE WITH EACH PURCHASE OF 6—2 STARLITE INSTRUMENTS FREE WITH EACH ORDER FOR 11—AND 3 STARLITE INSTRUMENTS FREE WITH EACH PURCHASE OF 15.

STAR DENTAL

STAR DENTAL

MANUFACTURING COMPANY, INC.
58th at MARKET ST., PHILA. 39, PA.

MRS. O'KEEFE IS A *vitamin-thief*

Overcooking, overwashing, overpreparing her food—then, more often than not, pouring the vitamin-rich "pan water" down the drain. Is it any wonder that subclinical vitamin deficiencies are so prevalent today? Especially when you couple this vitamin-larceny with the way modern America ignores food values in general?

Many dentists keep their patients in nutritive balance by prescribing a vitamin supplement called Dayamin.

Each small, easy-to-take Dayamin capsule contains the daily *optimum* adult requirements of six essential vitamins—A, D, thiamine, riboflavin, ascorbic acid and nicotinamide—plus supplemental amounts of pyridoxine and pantothenic acid. One capsule daily as a supplement; two or more for therapeutic use. ● These attractive Dayamin capsules are available in bottles of 30, 100 and 250.

And for patients who don't like capsules or tablets, tasty Dayamin Liquid is supplied in 90-cc., 8-fluidounce and 1-pint bottles.

ABBOTT LABORATORIES, North Chicago, Ill.

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DAYAMIN®

(Abbott's Multiple Vitamins)

In an anesthetic . . .

Safety

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USE **MONOCAINE**

The anesthetic that's safe . . . as well as profound.

ONLY MONOCAINE offers every protect... able to modern science. . . Vacuum ... assure freshness of each anesthetic ... Metal Cap Anestubes to afford an ... chain of sterile precautions, Accepted ... American Dental Association and ... Medical Association.

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WITHOUT DANGER

COCAINE WAS *an "efficient" anesthetic. It provided deep, powerful, long-lasting anesthesia. But the dental and medical professions discarded it because it provided depth without safety. Procaine replaced cocaine swiftly because of the safety factor.*

THEN MONOCAINE *was introduced in 1937. It quickly replaced procaine in millions of injections each year because of its favorable safety and potency ratio.*

GIVEN THEIR CHOICE, *99.6% of all users of Novol procaine solutions changed to Monócaine because Monócaine offers the advantage of deep, powerful anesthesia without untoward reactions . . . sufficient to eliminate pain in cavity preparation and other operative procedures . . . without the dangers associated with "strong" local anesthetics.*

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THE "SAFETY FIRST" LOCAL ANESTHETIC

SAFETY *is the first consideration, at the same* **the anesthetic** *must be potent enough to assure the* **freedom from discomfort and pain. Monócaine** *a local anesthetic! More than 200,000,000* **caine injections have been made since its intro-** *in* **1937 . . . with safety and satisfaction. Ex-** *clinical* **reports on Monócaine are available** *request.*

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IMPROVED Automatic SURGICAL MALLET

Complete with 6 Points

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Length and strength of blows can be regulated merely by turning chuck ring and palm handle cap.

Reduce shock and trauma to a minimum. The use of this advanced technique will reduce the need for many obsolete instruments.

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Wear Nylon. Latest style! Lasts longer. No ironing necessary. Will not wrinkle. Most stains come out with warm water. Gives that "sharp" look. *Money back if not satisfied.*

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Enclosed is $——— ☐ Please send C. O. D.

Prepay orders and save postage.

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Address .....

City ..... Zone ..... State .....

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Cast, solid bronze signs, drilled with screw

DR. M. WHITELEY

3"x12"—$7.20. 3"x14"—$8.40. 3"x16", $9.60.
Add $1 for each additional line.
4"x14"—$12.30. 4"x16"—$14.10. 4"x18"—$15.85.
5"x16"—$17.60. 5"x20"—$22.00. 6"x20"—$26.40.

CHECK MUST ACCOMPANY ORDER

Ask for prices of other sizes.
Also "Waiting Room" and other signs.
3" x 12", **$7.20.**

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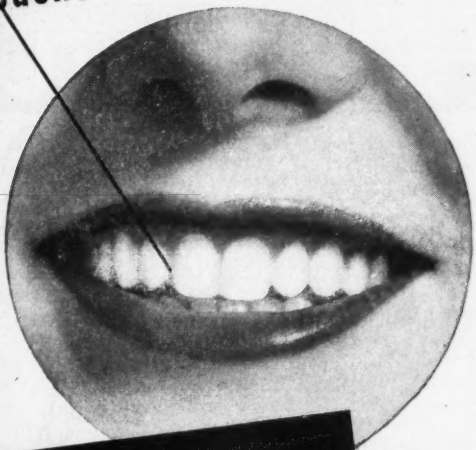
The best way we know prove the efficiency, smoothness, coolness and comfo of the BS Polisher is to se you a sample. There is no charge or obli tion. Then you'll have the proof we w you to have. Send for your sample tod

Young Dental Mfg. Co., St. Louis 8, Mo.
Yes, send me a sample BS Polisher.
Dr.
Address .....
City .....

Try Pepsodent Powder in prophylaxis



Dentists have found it produces more lustre—safely

Pepsodent Powder produces a higher lustre than any other leading dentifrice—markedly better than the next best brand—with a wide margin of safety. These results have been conclusively established in a series of impartial laboratory tests. Simply mixed with water to the consistency of thick paste, Pepsodent Powder makes an excellent cleaning and polishing agent in prophylaxis. Dentists find it gives teeth a smoother, more lustrous polish that their patients really appreciate—a bright finishing touch to the prophylactic treatment.

Pepsodent Powder is a special patented blend of a unique polishing agent used by Pepsodent alone, the efficient cleansing detergent Irium, and a pleasant flavoring agent. Patients appreciate the high lustre and smooth feel Pepsodent Powder gives their teeth in prophylaxis. They like its clean, refreshing flavor. We suggest you try Pepsodent Powder in prophylaxis, and judge its effectiveness yourself.

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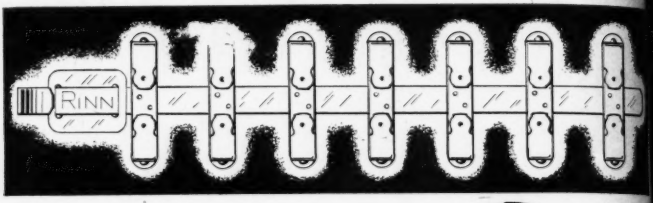
take a bird's-eye view of . . .



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New dark-room aid for film-drying . . . for careful, error-free developing and fixing. Pride of efficient technicians—the advanced, stainless steel Rinn PROCESSING HANGERS with improved dimple on clip. Cuts to a minimum the clamping area shut off from processing chemicals.

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Each Hanger Clip extra-strong, with resilient flat spring securely held in clip. Avoids losing films in tanks. No loss of clip strength even after long use, no breakage due to flexing. Supporting side jaws keep films in line, parallel to hanger. Cross-bars are bent for re-inforcement and not harmed by dropping. Easily cleaned . . . quickly release all contaminating chemicals.

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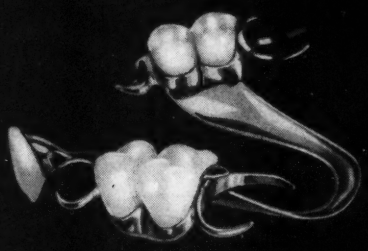

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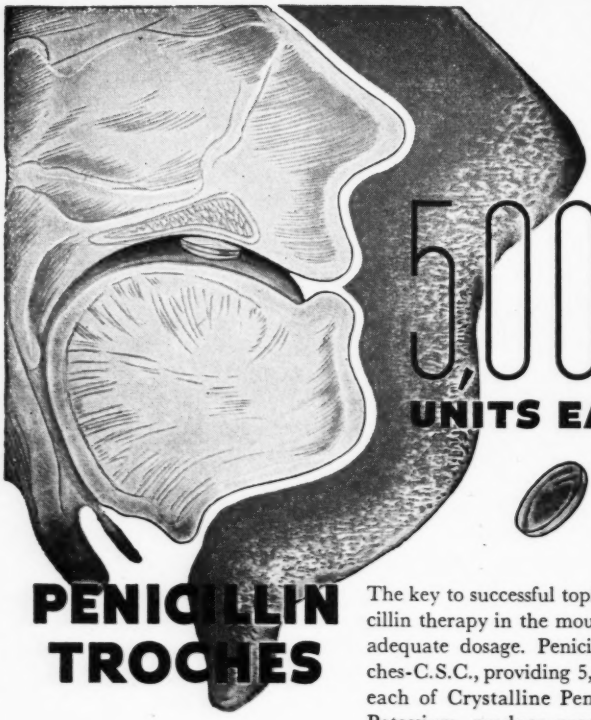

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Castability . . . density . . . anti-discoloration properties—these championship points have made Williams "ONE" Inlay Gold a preferred precious metal alloy for M.O's, M.O.D.'s, D.O.'s and similar restorations. Medium hard. Finishes to a beautiful, tooth-harmonizing gold color. Complies with A.D.A. specification No. 5, Type B. Reasonably priced. Stocked by your dealer.

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FOR SALE: Southern California dental laboratory. White metal franchise. Good volume. Living quarters. Excellent opportunity for the right man. "294" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and complete equipment in Waterbury, Connecticut. Same location for thirteen years. Reason for selling: retiring. Address P.O. Box 1468, Waterbury, Conn.

FOR SALE: Have heart ailment; selling house, equipment separate. Home and dental office nearly twenty years; eight rooms, nearly acre of ground, Hudson River village, about eighty miles from New York City. Good for city dentist country home. Mail address (not property) "Dentist," 17 South Street, Rhinebeck, N.Y.

FOR SALE: Long established fully equipped office located on one of busiest corners in Philadelphia, Pa. Excellent opportunity for young man. Leaving for south due to illness of wife. "295" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental setup in Trenton, N.J., for dentist desiring to start practice with small initial outlay; includes Weber unit and chair. Ideal location. "296" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Two-chair modern office in prosperous farming section of northwest Washington state. Equipment includes one Ritter unit, Weber x-ray, two small cabinets, dark room, laboratory. Ground floor location in busy small town drawing from large area. Retiring, due to ill health. "297," Oral Hygiene, Pittsburgh, Pa.

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LUCRATIVE POSITION OPEN for capable hygienist in charming small city, centrally located between Washington, Philadelphia, and New York. Three-chair office. Write Dr. Robert J. Zurkow, 152 S. State St. Dover, Del.

DETAIL MAN for demonstrating new denture lining material. Prefer man wearing dentures. Travel chiefly in Midwest. "299" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Well-arranged and equipped two-chair dental office with unit, wall x-ray, two benches, etc. Located in excellent farm territory and town of eleven hundred in north central Wisconsin. No competition and good reason for selling. No reasonable offer refused. "302" Oral Hygiene, Pittsburgh, Pa.

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FOR DENTAL ANALGESIA WITH PATIENT CONTROL FEATURE

The Heidbrink Airator places successful analgesia at the service of every dentist. The first cost is low, and the machine is safe, simple and economical to operate. With the Airator, the patient breathes air at all times. By intermittently compressing a bulb held in his hand, the patient himself adds nitrous oxid to the air breathed, in quantities sufficient to produce analgesia, varying the stages as indicated.

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ADVERTISING INDEX

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions

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ASH BURS reach you in perfect condition, each blade as sharp as a razor, because of the thoroughness with which they are protected in their specially designed plastic pack. Each bur is confined to its own individual groove and so cannot touch its neighbor, and each groove has its own separate closure. Breaking off the closure enables the bur inside to be withdrawn (see illustration) without disturbing the rest.

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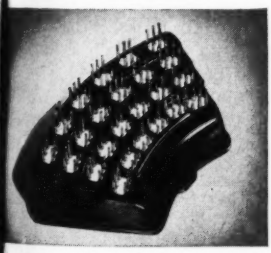

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